

APPLICATION FOR CERTIFICATE OF AUTHORITY
FOR LIMITED LIABILITY COMPANY

Pursuant to §57D-7-03 of the General Statutes of North Carolina, the undersigned limited liability company hereby applies for a Certificate of Authority to transact business in the State of North Carolina, and for that purpose submits the following:

1. The name of the limited liability company is SUMMERLYN TIC 2 LLC;

and if the limited liability company name is unavailable for use in the State of North Carolina, the name the limited

liability company wishes to use is _____.

2. The state or country under whose laws the limited liability company was formed is Delaware.

3. Principal office information: (Select either a or b.)

a. ☒ The limited liability company has a principal office.

The principal office telephone number: 917-232-1061

The street address and county of the principal office of the limited liability company is:

Number and Street: 5307 17th Avenue

City: Brooklyn State: NY Zip Code: 11204 County: Kings

The mailing address, if different from the street address, of the principal office of the corporation is:

Number and Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

b. ☐ The limited liability company does not have a principal office.

4. The name of the registered agent in the State of North Carolina is: United Corporate Services, Inc.

5. The street address and county of the registered agent's office in the State of North Carolina is:

Number and Street: 176 Mine Lake Court, Suite 100

City: Raleigh State: NC Zip Code: 27615 County: Wake

6. The North Carolina mailing address, if different from the street address, of the registered agent's office in the State of North Carolina is:

Number and Street: _____

City: _____ State: NC Zip Code: _____ County: _____

APPLICATION FOR CERTIFICATE OF AUTHORITY

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OFFICIAL COPY

Jan 24 2023

The names, titles, and usual business addresses of the current company officials of the limited liability company are:
(use attachment if necessary) (This document must be signed by a person listed in item 7.)

Name and Title

Business Address

Yacob Marmurstein, Manager

5307 17th Avenue, Brooklyn, NY 11204

Attached is a certificate of existence (or document of similar import), duly authenticated by the secretary of state or other official having custody of limited liability company records in the state or country of formation. **The Certificate of Existence must be less than six months old. A photocopy of the certification cannot be accepted.**

If the limited liability company is required to use a fictitious name in order to transact business in this State, a copy of the resolution of its managers adopting the fictitious name is attached.

0. (Optional): Please provide a business e-mail address:

Privacy Redaction

The Secretary of State's Office will e-mail the business automatically at the address provided above at no cost when a document is filed. **The e-mail provided will not be viewable on the website.** For more information on why this service is offered, please see the instructions for this document.

1. This application will be effective upon filing, unless a delayed date and/or time is specified: _____.

This the 5th day of January, 2022

SUMMERLYN TIC 2 LLC

Name of Limited Liability Company

Signature of Company Official

Yacob Marmurstein, Manager

Type or Print Name and Title

Notes:

Filing fee is \$250. This document must be filed with the Secretary of State.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMMERLYN TIC 2 LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUMMERLYN TIC 2 LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6520064 8300

SR# 20220081744

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202361000

Date: 01-10-22

OFFICIAL COPY
Jan 24 2023

State of North Carolina
Department of the Secretary of State

APPLICATION FOR CERTIFICATE OF AUTHORITY
FOR LIMITED LIABILITY COMPANY

Pursuant to §57D-7-03 of the General Statutes of North Carolina, the undersigned limited liability company hereby applies for a Certificate of Authority to transact business in the State of North Carolina, and for that purpose submits the following:

1. The name of the limited liability company is SUMMERLYN CRC LLC;
and if the limited liability company name is unavailable for use in the State of North Carolina, the name the limited liability company wishes to use is _____.
2. The state or country under whose laws the limited liability company was formed is Delaware.
3. Principal office information: (Select either a or b.)

- a. ☒ The limited liability company has a principal office.

The principal office telephone number: 917-543-4377

The street address and county of the principal office of the limited liability company is:

Number and Street: 935 Woodland Drive

City: Lakewood State: NJ Zip Code: 08701 County: Ocean

The mailing address, *if different from the street address*, of the principal office of the corporation is:

Number and Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

- b. ☐ The limited liability company does not have a principal office.

4. The name of the registered agent in the State of North Carolina is: United Corporate Services, Inc.

5. The street address and county of the registered agent's office in the State of North Carolina is:

Number and Street: 176 Mine Lake Court, Suite 100

City: Raleigh State: NC Zip Code: 27615 County: Wake

6. The North Carolina mailing address, *if different from the street address*, of the registered agent's office in the State of North Carolina is:

Number and Street: _____

City: _____ State: NC Zip Code: _____ County: _____

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Jan 24 2023

7. The names, titles, and usual business addresses of the current company officials of the limited liability company are:
(use attachment if necessary) (This document must be signed by a person listed in item 7.)

Name and Title

Business Address

Burton Cohen, Manager

935 Woodland Drive, Lakewood, New Jersey 08701

8. Attached is a certificate of existence (or document of similar import), duly authenticated by the secretary of state or other official having custody of limited liability company records in the state or country of formation. **The Certificate of Existence must be less than six months old. A photocopy of the certification cannot be accepted.**

9. If the limited liability company is required to use a fictitious name in order to transact business in this State, a copy of the resolution of its managers adopting the fictitious name is attached.

Privacy Redaction

10. (Optional): Please provide a business e-mail address.

The Secretary of State's Office will e-mail the business automatically at the address provided above at no cost when a document is filed. **The e-mail provided will not be viewable on the website.** For more information on why this service is offered, please see the instructions for this document.

11. This application will be effective upon filing, unless a delayed date and/or time is specified: _____.

This the 5th day of January, 2022

SUMMERLYN CRC LLC

Name of Limited Liability Company



Signature of Company Official

Burton Cohen, Manager

Type or Print Name and Title

Notes:

1. Filing fee is \$250. This document must be filed with the Secretary of State.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMMERLYN CRC LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUMMERLYN CRC LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6520142 8300

SR# 20220081817

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JWB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202361040

Date: 01-10-22

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Jan 24 2023

**State of North Carolina
Department of the Secretary of State**

SOSID: 2333551
Date Filed: 1/10/2022 2:53:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C2022 010 00971

OFFICIAL COPY

Jan 24 2023

**APPLICATION FOR CERTIFICATE OF AUTHORITY
FOR LIMITED LIABILITY COMPANY**

Pursuant to §57D-7-03 of the General Statutes of North Carolina, the undersigned limited liability company hereby applies for a Certificate of Authority to transact business in the State of North Carolina, and for that purpose submits the following:

1. The name of the limited liability company is SUMMERLYN TIC 4 LLC;

and if the limited liability company name is unavailable for use in the State of North Carolina, the name the limited liability company wishes to use is _____.

2. The state or country under whose laws the limited liability company was formed is DE, United States.

3. Principal office information: (Select either a or b.)

a. ☒ The limited liability company has a principal office.

The principal office telephone number: (917) 512-9511 x _____.

The street address and county of the principal office of the limited liability company is:

Number and Street: 1811 Avenue I

City: Brooklyn State: NY Zip Code: 11230-3111 County: Kings

The mailing address, *if different from the street address*, of the principal office of the corporation is:

Number and Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

b. ☐ The limited liability company does not have a principal office.

4. The name of the registered agent in the State of North Carolina is: Platinum Filings LLC.

5. The street address and county of the registered agent's office in the State of North Carolina is:

Number and Street: 176 Mine Lake Court, Ste. 100

City: Raleigh State: NC Zip Code: 27615-6417 County: Wake

6. The North Carolina mailing address, *if different from the street address*, of the registered agent's office in the State of North Carolina is:

Number and Street: _____

City: _____ State: NC Zip Code: _____ County: _____

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Jan 24 2023

7. The names, titles, and usual business addresses of the current company officials of the limited liability company are:
(use attachment if necessary) (This document must be signed by a person listed in item 7.)

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Shaindi Fruchthandler	Manager	1811 Avenue I Brooklyn NY, 11230-3111 United States
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Attached is a certificate of existence (or document of similar import), duly authenticated by the secretary of state or other official having custody of limited liability company records in the state or country of formation. **The Certificate of Existence must be less than six months old. A photocopy of the certification cannot be accepted.**
9. If the limited liability company is required to use a fictitious name in order to transact business in this State, a copy of the resolution of its managers adopting the fictitious name is attached.
10. (Optional): Please provide a business e-mail address: Privacy Redaction.
The Secretary of State's Office will e-mail the business automatically at the address provided above at no cost when a document is filed. **The e-mail provided will not be viewable on the website.** For more information on why this service is offered, please see the instructions for this document.
11. This application will be effective upon filing, unless a delayed date and/or time is specified: _____.

This the 10th day of January, 2022

SUMMERLYN TIC 4 LLC
Name of Limited Liability Company

Shaindi Fruchthandler Manager

Signature of Company Official

Shaindi Fruchthandler Manager

Type or Print Name and Title

Notes:

1. **Filing fee is \$250.** This document must be filed with the Secretary of State.

Delaware

The First State

Page 1

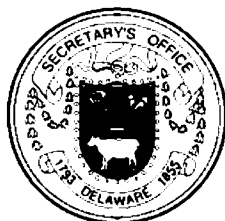
OFFICIAL COPY

Jan 24 2023

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMMERLYN TIC 4 LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUMMERLYN TIC 4 LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

6522043 8300

SR# 20220075389

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202356081

Date: 01-10-22

State of North Carolina
Department of the Secretary of State

SOSID: 2334523
Date Filed: 1/11/2022 5:00:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C2022 011 00924

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Jan 24 2023

APPLICATION FOR CERTIFICATE OF AUTHORITY
FOR LIMITED LIABILITY COMPANY

Pursuant to §57D-7-03 of the General Statutes of North Carolina, the undersigned limited liability company hereby applies for a Certificate of Authority to transact business in the State of North Carolina, and for that purpose submits the following:

1. The name of the limited liability company is SUMMERLYN TIC 1 LLC;

and if the limited liability company name is unavailable for use in the State of North Carolina, the name the limited liability company wishes to use is _____.

2. The state or country under whose laws the limited liability company was formed is Delaware.

3. Principal office information: (Select either a or b.)

a. ☒ The limited liability company has a principal office.

The principal office telephone number: 516-300-2666.

The street address and county of the principal office of the limited liability company is:

Number and Street: 520 Stonegate Lane

City: Winston-Salem State: NC Zip Code: 27104 County: Forsyth

The mailing address, if different from the street address, of the principal office of the corporation is:

Number and Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

b. ☐ The limited liability company does not have a principal office.

4. The name of the registered agent in the State of North Carolina is: United Corporate Services, Inc.

5. The street address and county of the registered agent's office in the State of North Carolina is:

Number and Street: 176 Mine Lake Court, Suite 100

City: Raleigh State: NC Zip Code: 27615 County: Wake

6. The North Carolina mailing address, if different from the street address, of the registered agent's office in the State of North Carolina is:

Number and Street: _____

City: _____ State: NC Zip Code: _____ County: _____

APPLICATION FOR CERTIFICATE OF AUTHORITY

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7. The names, titles, and usual business addresses of the current company officials of the limited liability company are:
(use attachment if necessary) (This document must be signed by a person listed in item 7.)

<u>Name and Title</u>	<u>Business Address</u>
Joel Schneider, Manager	520 Stonegate Lane, Winston-Salem, NC 27104

8. Attached is a certificate of existence (or document of similar import), duly authenticated by the secretary of state or other official having custody of limited liability company records in the state or country of formation. **The Certificate of Existence must be less than six months old. A photocopy of the certification cannot be accepted.**

9. If the limited liability company is required to use a fictitious name in order to transact business in this State, a copy of the resolution of its managers adopting the fictitious name is attached.

10. (Optional): Please provide a business e-mail address Privacy Redaction.
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11. This application will be effective upon filing, unless a delayed date and/or time is specified: _____.

This the 5th day of January, 2022.

SUMMERLYN TIC 1 LLC

Name of Limited Liability Company

Signature of Company Official

Joel Schneider, Manager

Type or Print Name and Title

Notes:

1. **Filing fee is \$250.** This document must be filed with the Secretary of State.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMMERLYN TIC 1 LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUMMERLYN TIC 1 LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

6520042 8300

SR# 20220081665

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202360942

Date: 01-10-22

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Jan 24 2023