

## Application for Registration FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

| applies for a Certificate of Registration to<br>purpose submits the following statement: | _                                |                                   |             |
|------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------|-------------|
| 1. The name of the limited liability compa                                               | any is:                          |                                   |             |
| Arbor Realty Mezz Holdings                                                               | llc                              |                                   |             |
| Is this company organized in its state or                                                | country of formation as a low-p  | profit limited liability company? | Yes No 🔀    |
| The name, if different, under which it pro                                               | poses to register and transact   | business in Rhode Island is:      |             |
| 2. The LLC is organized under the laws                                                   | of:<br>Delaware                  |                                   | <del></del> |
| 3. The date of its organization is: June                                                 | 29, 2018                         |                                   |             |
| And the period of its duration is: CHECH                                                 | ONE BOX ONLY                     |                                   |             |
| ✓ Perpetual (on-going)                                                                   |                                  |                                   |             |
| Date certain for dissolution                                                             |                                  |                                   |             |
| 4. The name and address of the residen                                                   | t agent/office in Rhode Island i | s:                                |             |
| Agent Name Corporation Service C                                                         | ompany                           |                                   | -           |
| Street Address ( <u>NOT</u> a P.O. Box) 222 J                                            | efferson Boulevard, Suite        | 200                               |             |
| City/Town<br>Warwick                                                                     | State RHODE ISLAND               | Zip Code 02888                    |             |
| 5. The purpose or purposes which it pro                                                  | poses to pursue in the transact  | ion of business in Rhode Island   | are:        |
| make commercial mortgage loans                                                           | S                                |                                   |             |
|                                                                                          |                                  |                                   |             |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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Check the box to indicate an attachment L

| 6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence. |                 |              |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------|--|--|
| 7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:                                           |                 |              |  |  |
| 251 Little Falls Drive, Wilmington, DE 19808                                                                                                                                                                                                                        |                 |              |  |  |
| 8. The mailing address for the limited liability company is:                                                                                                                                                                                                        |                 |              |  |  |
| 333 Earle Ovington Blvd. Suite 900, Uniondale, NY 11553                                                                                                                                                                                                             |                 |              |  |  |
| 9. Management of the Limited Liability Company: CHECK ONE BOX ONLY                                                                                                                                                                                                  |                 |              |  |  |
| Members (Owners)  OR  Manager(s). Complete the chart below.                                                                                                                                                                                                         |                 |              |  |  |
|                                                                                                                                                                                                                                                                     | MANAGER(S) NAME | ADDRESS      |  |  |
|                                                                                                                                                                                                                                                                     |                 |              |  |  |
|                                                                                                                                                                                                                                                                     |                 |              |  |  |
|                                                                                                                                                                                                                                                                     |                 |              |  |  |
| Check the box to indicate an attachment                                                                                                                                                                                                                             |                 |              |  |  |
| 10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.                                                                               |                 |              |  |  |
| 11. Date when this application for Certificate of Registration will be effective: CHECK ONE BOX ONLY                                                                                                                                                                |                 |              |  |  |
| Date received (Upon filing)                                                                                                                                                                                                                                         |                 |              |  |  |
| Later effective date (Date must be no more than 90 days from the date of filing)                                                                                                                                                                                    |                 |              |  |  |
| Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.                                                       |                 |              |  |  |
| Type or Print Name of LLC                                                                                                                                                                                                                                           |                 | Date         |  |  |
| Arbor Realty Mezz Holdings LLC                                                                                                                                                                                                                                      |                 | May 16, 2024 |  |  |
| Signature of Authorized Person                                                                                                                                                                                                                                      |                 |              |  |  |
| Ann Marie Pozzini                                                                                                                                                                                                                                                   |                 |              |  |  |
| $\overline{\omega}$                                                                                                                                                                                                                                                 |                 |              |  |  |

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ARBOR REALTY MEZZ HOLDINGS 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 SIXTEENTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARBOR REALTY
MEZZ HOLDINGS LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JUNE, A.D.
2018.

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

Authentication: 203495049

Date: 05-16-24

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