Division of Copporations

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To:	Division of Corporations Fax Number : (850)617-6383	S ANY E	שר וס ו	Property Property
From:	Account Name : VCORP SERVICES, LLC Account Number : I20080000067 Phone : (845) 425-0077	OF STATE EFLORIDA	AK IO: IQ	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fax Number

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SECRETARY OF STATE TALLAHASSEE, FLORID

Foreign Limited Liability Compa	an	Comp	Liability	Limited	Foreign
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HFZ REAL ESTATE DEVELOPMENT ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

J. HARRIS

7.5

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREION LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: HFZ REAL BSTATE DEVELOPMENT ASSOCIATES, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C." (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. NJ (FEI number, if applicable) Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 600 Madison Avenue, 15th Floor NY NY 10022 (Street Address of Principal Office) 600 Madison Avenue, 15th Floor NY NY 10022 (Mailing Address) 7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) Vcorp Services, LLC Name: 5011 South State Road 7, Suite 106 Office Address: Davic Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's eignnture) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Ziel Feldman, Manager, 600 Madison Avenue, 15th Floor NY NY 10022 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it/is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ziel Peldman

Typed or printed name of signes

This document is executed in accordance with section 605.0203 (1) (b), Fiorida Statutes. I am aware that any false information

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

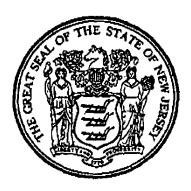
HFZ REAL ESTATE DEVELOPMENT ASSOCIATES, LLC 0600035189

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 27, 1997.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

Ziel Feldman 120 South Woodland Street Englewood, NJ 07631



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of July, 2017

Ford M. Scudder Acting State Treasurer

Certificate Number: 6081021670

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cart.jsp