

MA1000011381
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000322348 3))



H210003223483ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

FILED
2021 AUG 27 PM 3:38
DIVISION OF STATE
CORPORATIONS, FL

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

Email Address: _____

2021 AUG 27 PM 4:57

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
1505 PONCE LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

(H21000322348 3)

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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 1505 PONCE LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(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. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1475 NORTH VIEW DRIVE (Street Address of Principal Office)
MIAMI BEACH, FLORIDA 33140
6. 1475 NORTH VIEW DRIVE (Mailing Address)
MIAMI BEACH, FLORIDA 33140

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: INCORPORATING SERVICES, LTD.
Office Address: 1540 GLENWAY DRIVE
TALLAHASSEE, Florida 32301
(City) (Zip code)

FILED
2021 AUG 27 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FL

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

/s/ Melissa A. Moreau - Assistant Secretary
(Registered agent's signature)

(H21000322348 3)

(H21000322348 3)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

Manager Name: ALEX KLEYNER

Member Address: 1475 NORTH VIEW DRIVE

Authorized MIAMI BEACH, FL 33140

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: DIANA ULIS

Member Address: 1475 NORTH VIEW DRIVE

Authorized MIAMI BEACH, FL 33140

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

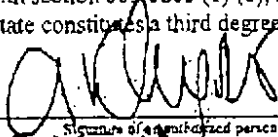
Person _____

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



 Signature of an authorized person

ALEX KLEYNER

 Typed or printed name of signer

(H21000322348 3)

(GEOALD WEINBERG
21000322348 3)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1505 PONCE 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 TWENTY-SEVENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1505 PONCE LLC" WAS FORMED ON THE SEVENTEENTH DAY OF AUGUST, A.D. 2021.

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



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6175826 8300

SR# 20213100000

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

Authentication: 204024681

Date: 08-27-21

(1121000322348 3)