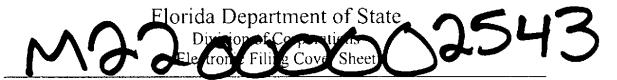
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Division of Corporations



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Foreign Limited Liability Company CV LOC 21 LLC

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P: 3/4

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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:

DELAWARE	name adopted for the purpose of transacting business in Flor	rida. The	Theinte a	ame must mehid	e "Limited Linb	ility Company.	" "L L C,"	or "LLC."
(Jurisdiction under the law of which foreign limited liability company is organized)		3.		(FEI number, if applicable)				
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	gistratio e penalty	n } liability)					
7 Glenwood Ave Suite 418				wood Ave S				
rect Address of Principal Office)		U.	(M	ailing Address)				 -
East Orange, NJ 07017			East O	range, NJ 0'	7017			
Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptal	ole)			2022	
Name:	Levi Vogel						FEB 16	FIL
Office Address:	9507 NW 38th Street					FSIA	PM 2:	
	Coral Springs			33 , Florida	3434		8 1	
	(City)				(Zip code)			

/s/ Levi Vogel

(Registered agent's signature)

(((H22000062434 3)))

8.	For initial indexing	purposes, list names	title or capacity and	l addresses of the	primary members/n	nanagers or persons	authorized to
ma	inage [up to six (6) to	ital]:					

Title or Capacity:	Name and Address:	Title or Capacity	
□Manager	Name: Moty Brisk	□Manager	Name: Hirsch Eissenberg
■ Member	Address: 7 Glenwood Ave Suite 418	⊞Member	Address: 7 Glenwood Ave Suite 418
□Authorized	East Orange, NJ 07017	□Authorized	East Orange, NJ 07017
Person		Person	
Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		DAuthorized	
Person		Person	
Other	□Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□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.

/s/ Moty Brisk		
	Signature of an authorized person	
Moty Brisk		

(((H220000624343)))



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

DELAWARE, DO HEREBY CERTIFY "CV LOC 21 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 FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CV LOC 21 LLC"

WAS FORMED ON THE TWENTY-FIRST DAY OF MAY, A.D. 2021.

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

Authentication: 202683156

Date: 02-16-22