# M14000006053

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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ON-SERVICE COMPANY			
ACCO	UNT NO. :	1200000001	95
REI	FERENCE :	266663	4370848
AUTHOR	ZATION :	W 20	
COST	C LIMIT :	125.00	ear 
ORDER DATE : August 21	., 2014		
ORDER TIME : 5:14 PM			
ORDER NO. : 266663-00	15		
CUSTOMER NO: 437084	8		
<u>FC</u>	REIGN FIL	INGS	
NAME: 141 EA	ST FLAGLE	R, LLC	
XXXX QUALIFICATION (	TYPE: <u>LL</u> )		
PLEASE RETURN THE FOLLO	WING AS PF	ROOF OF FILE	NG:
CERTIFIED COPY XX PLAIN STAMPED C CERTIFICATE OF		DING	
CONTACT PERSON: Courtr	ev Willian	ns EXT# 6	2935

EXAMINER:

#### **COVER LETTER**

SUBJECT:		, LLC	,	
		• • •		
The enclosed "Application by For Existence, and check are submitte				
Please return all correspondence c	oncerning this matter to th	e following:		
Fran Mi	ulnick Parke	r		
**************************************	1	Name of Person	, , , , , , , , , , , , , , , , , , ,	
Law Off	fices of Fran	Mulnick	Parker, P.C.	
	F	Firm/Company		
888 Ne	wark Avenue	Э		
		Address		
Jersey (	City, NJ 073	60		
	City/s	State and Zip Code		
gail@fmpar	kerlaw.com/ krist			
<del>.</del>	E-mail address: (to be use	ed for future annual re	port notification)	·
TO 6 11 1 6 11	g this matter, please call:			
For further information concerning			047 7000	
Gail Gaddis	}	<sub>at (</sub> 212	,647-7392	
Gail Gaddis	f Contact Person	at ( <u>212</u> Area Code	Dayrime Telephone Num	aber
Gail Gaddis Name o	f Contact Person STRE	Area Code  ET ADDRESS:		aber
Gail Gaddis	f Contact Person  STRE  Divisio	Area Code		aber
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	f Contact Person  STRE  Divisio  Registr  Clifton	Area Code ET ADDRESS: on of Corporations ration Section a Building	Daytime Telephone Num	aber
MAILING ADDRESS: Division of Corporations Registration Section	f Contact Person  STRE  Divisio  Registr  Clifton  2661 F	Area Code  ET ADDRESS: on of Corporations ration Section	Daytime Telephone Num	aber
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	f Contact Person  STRE  Division  Registr  Cliffon  2661 F  Tallaha	Area Code  ET ADDRESS: on of Corporations ration Section a Building Executive Center Cir	Daytime Telephone Num	aber

### 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: 141 EAST FLAGLER, 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.") (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) 888 Newark Avenue, Jersey City, NJ <sub>6.</sub> 888 Newark Avenue, Jersey City, NJ 07360 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Moishe Mana - Managing Member 888 Newark Avenue Jersey City, NJ 07306 8. Attached is an original 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. (A photocopy is not acceptable. 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

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

#### Fran Mulnick Parker

Typed or printed name of signee

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is:  141 East Flagler, LLC					
If unavailable,	· · ·	l in the state of Florida is:			
2. The name a	and the Florida street ad	dress of the registered agent and office are:			
	Corporation Service Co	ompany			
		(Name)	_		
	1201 Hays Street				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Tallahassee	32301 FL			
	1	City/State/Zip	-		

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Corporation Service Company

By:

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "141 EAST FLAGLER, 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-FIRST DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "141 EAST FLAGLER, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5571586 8300

141097316

AUTHENTY CATION: 1639482

DATE: 08-21-14

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