M21000016569

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Cı	ty/State/Zip/Phone	÷ #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer.			

Office Use Only



600375308176

2021 DEC -8 AH 11:51 SEGENTANASSEE, FL

WEU -8 PM 12: 2

BECHINED

S. ROBERTS
DEC 0 8 2021

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 286756 8334108

AUTHORIZATION :

COST LIMIT : \$\frac{1}{1.25}.00

ORDER DATE: December 7, 2021

ORDER TIME : 9:28 AM

ORDER NO. : 286756-005

CUSTOMER NO: 8334108

FOREIGN FILINGS

NAME: 665 NW 27 STREET REALTY, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	665 NW 27 STREET REALTY, I	LLC
		Name of Limited Liability Company
The end Existen	closed "Application by Foreign Limited Lice, and check are submitted to register the	iability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this	matter to the following:
	Kristina Hoshovsky	
	· · · · · · · · · · · · · · · · · · ·	Name of Person
	M Management, Inc.	
		Firm/Company
	215 Coles Street	
		Address
	Jersey City, NJ 07310	
	<u> </u>	City/State and Zip Code
	khoshovsky@mmgmt.net	
	E-mail address	s: (to be used for future annual report notification)
or furth	ner information concerning this matter, ple	ease call:
	Kristina Hoshovsky	201 798-4710 at ()
	Name of Contact Person	
	Mailing Address:	Street Address:
Registration Section		Registration Section
	Division of Corporations Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amo Please make check payable to: FLORIDA S125.00 Filing Fee \$130.00 Filing	A DEPARTMENT OF STATE

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:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rids. The alternate name must include "Limited I	iability Company," "L L.C." or "LL	
Delaware		87-2873287 3.		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI mun	3. (FEI number, if applicable)	
Upon filing				
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	gistration) : penalty liability)		
318 NW 23rd Street		318 NW 23rd Street 6.		
et Address of Principal Office)		6. (Mailing Address)		
Miami, FL 33130		Miami, FL 33130		
	 		- 20 - 3	
Name and street addres	s of Florida registered agent: (P.O. Box)	NOT acceptable)	DEC -	
Name:	Corporation Service Company			
Office Address:	1201 Hays Street		AM II: 54 See, fl	
office Address.	Tallahassee	32301 , Florida	ां €	
	(City)	(Zíp code)		

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.

Corporation Service Company Valond assistant va president

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: 665 NW27Street Holdings Corr Name: Moishe Mana □ Manager Manager 318 NW 23rd St. 318 NW 23rd St. □ Member ■ Member Miami, FL 33127 Miami, FL 33127 □ Authorized □ Authorized Person Person □Other Other ☐ Other ☐Other_ Name: ______ □Manager □Manager Address: _____ □Member Address: ______ □ Authorized □ Authorized Person Person □Other____ □Other__ □Other_____ □Other Name: _____ □Manager □Manager □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. Nonindexed 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. Moishe Mana

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "665 NW 27 STREET REALTY, 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 SEVENTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "665 NW 27 STREET REALTY, LLC" WAS FORMED ON THE SIXTEENTH DAY OF AUGUST, A.D. 2021.

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

Authentication: 204895704

Date: 12-07-21