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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

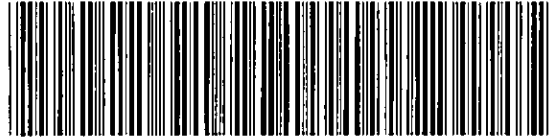
(Business Entity Name)

(Document Number)

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FEB 21 2022

K. Brumbley

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 35 J STREET LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael D. Ravitch, Esq.

Name of Person

Grossberg, Yochelson, Fox & Beyda, LLP

Firm/Company

1200 New Hampshire Ave., NW, Suite 555

Address

Washington, DC 20036

City/State and Zip Code

ravitch@gyfb.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael D. Ravitch, Esq.

202

296-9696

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

February 11, 2022

VIA FEDERAL EXPRESS

Department of State
Division of Corporations
Registration Section
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303
Attn: Ms. Yvette Scott

Re: Foreign Limited Liability Company Registration

Good morning.

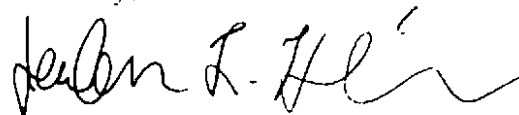
On behalf of Michael Ravitch, I am submitting the following documents:

1. A completed cover letter downloaded from sunbiz.org.
2. A completed and signed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida".
3. An original Certificate of Good Standing for 35 J Street LLC, dated February 9, 2022 as received by our office from the Delaware Division of Corporations.

Enclosed is a check in the amount of \$155.00 to cover the cost of processing this request and a prepaid FedEx envelope for your use in returning the certified documents to me. *Please note that these documents are needed for a settlement scheduled for March 4, 2022 and we would appreciate anything you can do to process this request quickly.*

If you have any questions regarding this request, please reach out to me using the contact information below. Thank you for your assistance in this matter.

Sincerely,



Jennifer L. Khasilev

**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. 35 J STREET 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 35 South J Street 6. c/o Pinnacle Property Group, Attn: Chip Davis
(Street Address of Principal Office) (Mailing Address)
Lake Worth, FL 33460 7315 Wisconsin Ave. Suite 400W
Bethesda, MD 20814

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

Name: Annamarie Garniewski
Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

Anna Garniewski
(Registered agent's signature)

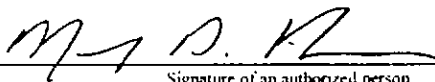
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Michael "Chip" Davis	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: c/o Pinnacle Property Group	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	7315 Wisconsin Avenue, Suite 400W	<input type="checkbox"/> Authorized	_____
Person	Bethesda, MD 20814	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Michael D. Ravitch, Esq.	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: c/o GYFB, LLP	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	1200 New Hampshire Ave., Suite 555	<input type="checkbox"/> Authorized	_____
Person	Washington, DC 20036	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Michael D. Ravitch, Esq.

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "35 J STREET 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 NINTH DAY OF FEBRUARY, A.D. 2022.



6606963 8300

SR# 20220430435

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202617121

Date: 02-09-22