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Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				

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**K. SALY** MAR - 1 2022

## **CORPORATE**

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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#### COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: POCONO MANOR INVESTORS PT I	LP	
Name of Foreign Limited Partne	rship or Limit	ed Liability Limited Partnership
The enclosed application, certificate of status and feet partnership to transact business in Florida. Please return all correspondence concerning this matt		I to register a foreign limited partnership or limited liability limited
VANESSA RODRIGUEZ - VRODRIGUEZ@OLSF	IANLAW.CO	М
Contact Person		<del></del>
OLSHAN FROME WOLOSKY LLP		
Firm/Company		<del></del>
1325 AVENUE OF THE AMERICAS		
Address	*	<del></del>
NEW YORK, NEW YORK 10019		
City. State and Zip Code		<del></del>
P.PULITANO@BUSAC.COM		
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, please	call:	
VANESSA RODRIGUEZ	at ( 212	451-2272
Name of Contact Person		e and Daytime Telephone Number
Enclosed is a check for the following amount:		
□S1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □S1,008.75 Filing Fees and Certificate of Status	□\$1,052.50 F and Certifi	
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

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

#### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

FILED 2022 FEB 28 AM 9:58

### L. POCONO MANOR INVESTORS PT I LP

(Name of I imited Partnership or I imited I jobility I imited Parts

Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Li		
If name unavailable, name under which the limited partnersh business in Florida:	nip or limited liability limited partnership proposes to register to transact must contain acceptable suffix.	
2 DELAWARE	•	
State or Country of Formation	3. OCTOBER 28, 2005  Date of Formation	
4. Federal Employer Identification Number: 20-3740972		
5. Name of Registered Agent for Service of Process and Fl NRAI SERVICES, INC.	orida Street Address:	
1200 SOUTH PINE ISLAND ROAD		
PLANTATION, FL 33324		
6. I hereby accept the appointment as registered agent and ag of all statutes relative to the proper and complete performs my position as registered agent.  Joann Caswell, Assis	gree to act in this capacity. I further agree to comply with the provisions ance of my duties, and I am familiar with and accept the obligations of the contact Secretary	
Signature	of Registered Agent	
7. Principal Office:	8. Mailing Address:	
150 BROADWAY	150 BROADWAY	
SUITE 802	SUITE 802	
NEW YORK, NEW YORK 10038	NEW YORK, NEW YORK 10038	
9. If limited partnership is a limited liability limited partn	ership, check box.	
10. Name, principal office address, and mailing address of	f each general partner:	
Name of General Partner: MATZEL DEVELOPMENT A		
Street Address: LLC, 150 BROADWAY, SUITE 802		
NEW YORK, NEW YORK 10038	Street Address:	
	Mailing Address:	
Name of General Partner:	Name of General Partner:	
	Street Address:	
Mailing Address:	Mailing Address:	

Page 1 of 2

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	25 AM 9: 58
Name of General Partner:	Name of General Partner: ALLAHASSE TEORIO)
Street Address:	Street Address:
Mailing Address:	Mailing Address:
11. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 day Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	ys after the date this document is filed by the Florida Department of State.) ne applicable statutory filing requirements, this date will not be listed as the s records.
12. Attached is a certificate of existence duly authentic Florida Department of State, by the Secretary of State of the law of which it is organized.	cated, not more than 90 days prior to the delivery of this application to the or other official having custody of the entity's records in the jurisdiction under
Signed this 25th day of February POCON	.20 22 O MANOR INVESTORS PT 1 LP
By:	Joseph Jerome Signaturents general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75

Page 2 of 2

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "POCONO MANOR INVESTORS PT I LP" 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-EIGHTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "POCONO MANOR INVESTORS PT I LP" WAS FORMED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2005.

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

JRZ FEB 28 AM 9: 58

Authentication: 202779941

Date: 02-28-22

4052855 8300 SR# 20220770339