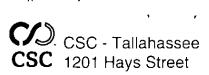
F23000005200

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
ADM
ADM 1,193.75

Office Use Only



900414354149



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 09/11/23 Order #: 1263046-1

Re: 2061 Nw 6th Place Realty, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$3000.00 - FL State Account Number:

120000000195

auth

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

Registration Section Division of Corporations

TO:

ECT:	Name of Limited Liability Company
	Limited Liability Company for Authorization to Transact Business in Florida," Certificat register the above referenced foreign limited liability company to transact business in Florida.
return all correspondence conc	erning this matter to the following:
Kristina Hoshovs	ky
	Name of Person
M Management,	Inc.
	Firm/Company
215 Coles Street	
.	Address
Jersey City, NJ 0	7310
	City/State and Zip Code
Khoshovsky@mmg	gmt.net
E-	mail address: (to be used for future annual report notification)
rther information concerning th	is matter, please call:
Kristina Hoshovsky	201 7984710 at ()
Name of Co	ontact Person Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporation	•
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 fo	ollowing amount: o: FLORIDA DEPARTMENT OF STATE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (0)5.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

1. 2061 NW 6TH PLAC		*** • • • · · ·				_
(Name of Foreign	Limited Liability Company; must include "Limite	ed Liability Com	pany," "L.U.C.," or "U.U.")			
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in F	lorida. The alterna	te name must include "Limited Liab	olity Company,"	"L.L.C," o	r "LLC.")
Delaware		,				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number	, it applicable)		_
January 30, 2018						
1.	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration.) une penalty liabilit	y)			
318 NW 23RD STR		318	NW 23rd Street			
5. Street Address of Principal Office)		6	(Mailing Address)			
Miami, FL 33127		Miar	mi, FL 33127			
-					_	
.=						
7 November 201	on of Florida majores describe (D.O. Dec	NOT	L1.)			
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	(<u>NOT</u> accep	(able)		2023	
Mana	Corporation Service Company				SEP	٠, ٠
Name:			_	_,	_	
Office Address:	1201 Hays Street		_		PH	
	Tallahassee		32301	•	5	المحاب
	(City)		, Florida (Zip code)		=	
Registered agent's accep	tance:					
	gistered agent and to accept service of pition, I hereby accept the appointment a					
o comply with the provisi	ons of all statutes relative to the proper					
ина ассері іне обиданон;	of my position as registered agent. Corporation Service Company	Eyle	ina Baher			
	Ву:	4	ssistant Vice President			
	(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]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: Fortuna Group Realty, LLC	□Manager	Name:	
■Member	Address: 318 NW 23rd Street	□Member	Address:	
□Authorized	Miami, FL 33127	□Authorized		12
Person		Person		
Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		<u>.</u>
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other

<u>Important Notice</u>: 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.

	2 minutes and the second secon
	Signature of an authorized person
Moishe Mana	
	Typed or printed name of sioner



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

DELAWARE, DO HEREBY CERTIFY "2061 NW 6TH PLACE 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 EIGHTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2061 NW 6TH

PLACE REALTY, LLC" WAS FORMED ON THE THIRTIETH DAY OF JANUARY, A.D.

2018.

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

Augo Augo

Authentication: 204121649

Date: 09-08-23