

**L22000349453**

Florida Department of State  
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To:  
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Phone : (215)563-8113  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: kofskylaw@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
Fair Housing Associates, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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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. FAIR HOUSING ASSOCIATES, 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. Pennsylvania 20-5972174
(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. 1616 Walnut St., Ste. 1112
(Street Address of Principal Office)
Philadelphia, PA 19103
6. 1616 Walnut St., Ste 1112
(Mailing Address)
Phialdelphia, PA 19103

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(City) (Zip code)

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.

Handwritten signature of Bill Hume

(Registered agent's signature)

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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 type="checkbox"/> Manager           | Name: <u>Joel Kofsky</u>                   | <input type="checkbox"/> Manager           | Name: _____                          |
| <input checked="" type="checkbox"/> Member | Address: <u>1616 Walnut St., Ste. 1112</u> | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized Person | <u>Philadelphia, PA 19103</u>              | <input type="checkbox"/> Authorized 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 Person | _____                                      | <input type="checkbox"/> Authorized 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 Person | _____                                      | <input type="checkbox"/> Authorized 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.

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\_\_\_\_\_  
 Signature of an authorized person

Joel J. Kofsky  
 \_\_\_\_\_  
 Typed or printed name of signer

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
08/10/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

FAIR HOUSING ASSOCIATES, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Leigh M. Chapman*

Acting Secretary of the Commonwealth

Certification Number: TSC220810151814-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

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