Page: 2 of 4

8/26/25, 9:52 AM



**Division of Corporations** Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000299014 3)))



H250002990143ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI 5

Account Number : I20040000031

Phone : (800)906-9220 Fax Number : (800)906-9880

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

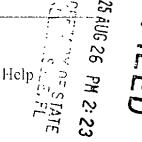
Email	Address:				
-------	----------	--	--	--	--

## FLORIDA LIMITED LIABILITY CO.

## Pollack Realty Associates LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu



ARTICLE I - Name: The name of the Limited Liability Company is:	AND THE PROPERTY CONTACT					
Pollack Realty Associates LLC						
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")					
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:						
Principal Office Address:	Mailing Address:					
c/o Paul I Feldman, CPA PC	c/o Paul I Feldman, CPA PC					
4 Lion Court	4 Lion Court					
<del></del>	4 Lion Court Hewlett, NY 11557					

The name and the Florida street address of the registered agent are:

Hildy Feldman		
	Name	
5070 C Lake Catali	ina Drive	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
Boca Raton	FL	33496
City	State	Zin

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

/s/ Hildy Feldman	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)



A	D.	1.1	~	L.	IV.
/1	ĸ	1 1	١.	 r.	ı v -

\$ 5.00 Certificate of Status (Optional)

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMDD" ~ A.	uthorized Masshar	Name and Address:	
"MGR" = Mar	uthorized Member		
	inger	11714	
AMBR	<del></del>	Hildy Feldman 4 Lion Court	<del></del>
		Hewlett, NY 11557	
AMBR	<del></del>	Marcy Rosner	
		5 Cail Drive East Rockaway, NY 11518	<del></del>
AMBR		Jody Roth	
		303 East 57th Street, Apt 26L	<del></del>
		New York, NY 10022	
			<del></del>
			<del></del>
(Use attachmer	nt if necessary)		
	•		
ARTICLE V: Effective	date, if other than the date	of filing: (OPTION)	AL)
	isted, the date must be spe	cific and cannot be more than five business days prior	r to or 90 days after
the date of filing.) Note: If the date inserts	ed in this block does not m	neet the applicable statutory filing requirements, this dat	e will not be listed as
	e date on the Department of		e will flot be fisted as
	·		
ARTICLE VI: Other pro	ovisions, if any.		
DCOLLINED (	C1 <14 L + 10 L L 10 L		
REOURED S	SIGNATURE:		
	/s/ Hildy Feldman		
•		mber or an authorized representative of a member.	**************************************
		ed in accordance with section 605.0203 (1) (b), Florida 5 information submitted in a document to the Department	
	constitutes a third degree	felony as provided for in 5.817.155, F.S.	. 01 State
	100 000		
	<u>Hildy Feldman</u>	Typed or printed name of signee	
0135 NA 100		Filing Fees:	2028 SFO <sub>2</sub>
		anization and Designation of Registered Agent	2025