(Requestor's Name)		
(Address)		
(Address)		
(CitylState(7in/Dhone #)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		

Special Instructions to Filing Officer:

L. SELLERS

JUN 16 2008

**EXAMINER** 

Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: CHADASH REALTY, L.L.C.		
(Name of Limited Liability Company)		
The enclosed "Application by Foreign Limited Liability Florida," Certificate of Existence, and check are submit liability company to transact business in Florida		
Please return all correspondence concerning this matter	to the following:	
HOWARD D. SPIALTER		
(Name o	f Person)	
CHADASH REALTY, L.L.C.		
(Firm/Company)		
231 NORTH AVENUE W #387		
(Address)		
WESTFIELD, NEW JERSEY 07090		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
HOWARD SPIALTER at	(908) 400-2579	
	(Area Code & Daytime Telephone Number)	
Division of Corporations Div	REET ADDRESS: vision of Corporations	
Tallahassee, FL 32314 266	fton Building 61 Executive Center Circle lahassee, FL 32301	
Enclosed is a check for the following amount:  []\$125.00 Filing Fee \$	\$155.00 Filing Fee & \$\sum \\$160.00 Filing Fee, Certificate  Certified Copy of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S	STATE OF FLORIDA:
1. CHADASH REALTY, L.L.C.  (Name of Foreign Limited Liability Company; must include the company).	le "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	e of transacting business in Florida and attach a copy of the writtenate name. The alternate name must include "Limited Liability
2 NEW JERSEY	
(Jurisdiction under the law of which foreign limited liability company is organized)	( FEI number, if applicable)
4. OCTOBER 25, 1995 5.	PERPETUAL
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
<sub>6.</sub> JUNE 16, 2008	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) to determine penalty liability)
7. 231 NORTH AVENUE W #387, WE	STFIELD, NJ 07090 (primary)
922 EATON STREET, KEY WEST, FL	_ 33040 (in Florida)
(Street Address o	f Principal Office)
8. If limited liability company is a manager-managed c	company, check here 🔽
9. The name and usual business addresses of the mana	ging members or managers are as follows:
HOWARD D. SPIALTER, 231 NORTH AV	'ENUE W #387, WESTFIELD, NJ 07090
FLYSE SPIALTER 231 NORTH AVEN	IUE W #387, WESTFIELD, NJ 07090
ELIGE STALTER, 201 NORTH AVEN	10E VV #307, VVESTI IEED, 143 07090
10. Attached is an original certificate of existence, no more than 90 da	• • • • • • • • • • • • • • • • • • • •
the jurisdiction under the law of which it is organized. (A photocopy	
translation of the certificate under oath of the translator must be submi	,
11. Nature of business or purposes to be conducted or p	promoted in Florida: real estate rental
Town	7 SEC
Signature of a member or an auth	norized representative of a member $\Rightarrow$
(In accordance with section 608.408(3), F.S	, the execution of this document constitutes
an affirmation under the penalties of perjur HOWARD D. SPIALTER	R
Typed or printed r	nome of signed
. Jpt of printed i	name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability C	Company is:
CHADASH REALTY, L.L.C.	
If name unavailable, the alternate name	to be used in the state of Florida is:
2. The name and the Florida street add	ress of the registered agent and office are:
HOWARD D. SP	IALTER
	(Name)
922 EATON STR	REET
Florida Street	t Address (P.O. Box NOT ACCEPTABLE)
KEY WEST	FL 33040
	City/State/Zip

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE

### STATE OF NEW JERSEY **DEPARTMENT OF TREASURY** SHORT FORM STANDING

### CHADASH REALTY, L.L.C.

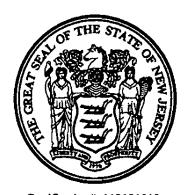
0600022755

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 25, 1995.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Howard D. Spialter, Esq. 231 North Avenue W. - #387 Westfield, NJ 07090 1428



Certification# 112121013

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 12th day of June, 2008

R. David Rousseau State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp