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Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : USACORP INC. Account Number : 120130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

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

josh@readprop.com Email Address:

> Foreign Limited Liability Company **WOODBERRY WOODS APARTMENTS LLC**

Certificate of Status Certified Copy Page Count Estimated Charge

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From: QUAL. TO S JOSEF STRAUSS

Page: 3/4

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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 FOULOWING IS SUBMITTED TO REGISTER A

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	TO RECEIVED A
1. WOODBERRY WOODS APARTMENTS LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	<del></del>
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must in Liability Company," "L.L.C," or "LLC.")	nclude 'Limited
<sub>2.</sub> Delaware	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. Con Section and American in Plants (Section 2)	
(Date first transacted husiness in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	700 2
<sub>5.</sub> 4706 18th Avenue	
Brooklyn, NY 11204	2 2
(Street Address of Principal Office)	5
6. 4706 18th Avenue	<b>E</b>
Brooklyn, NY 11204	် နှ
(Meiling Address)	高 6
7. The name, title or capacity and address of the person(s) who has/have authority to manage is	/are:
Robert Wolf, MGRM	
4706 18th Avenue	<del></del>
Brooklyn, NY 11204	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated be having custody of records in the jurisdiction under the law of which it is organized. (A photocopacceptable. If the certificate is in a foreign language, a translation of the certificate under oath of must be submitted)  Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the factor aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.8:	y is not the translator
Joseph Strauss	

Typed or printed name of signee

07/25/2014 13:04 (((III4000177102 3))) From: QUAL. TO S JOSEF STRAUSS

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	f the Limited Liability Cor	mpany is: S APARTMENTS LLC	<u>.</u>
If unavailable, (	the alternate to be used in	the state of Florida is:	
2. The name ar	nd the Florida street addre	ess of the registered agent and office are:	~ ~
	Registered Ag	gents Legal Services, LLC	
		(Name)	
	155 Office Pla	aza Drive, Suite A	SAC SIN
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		FSE 9
	Tallahassee	FL 32301	- 16
		City/State/7in	

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, Florida Statutes.

(Signature) MICHAEL V. ASHLEY

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Page: 2/4

07/25/2014 13:04

From: QUAL. TO S JOSEF STRAUSS

(((H14000177102 3)))

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WOODBERRY WOODS APARTMENTS 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 TWENTY-FIFTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WOODBERRY WOODS APARTMENTS LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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You may varify this certificate online at corp.delaware.gov/authver.shtml

AUTHENTICATION: 1567452

DATE: 07-25-14