

7/17/2017

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : C I CORPORATION SYSTEM  
 Account Number : FCA000000023 (i)  
 Phone : (512)418-6949  
 Fax Number : (954)208-0845

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

Email Address: \_\_\_\_\_

**RECEIVED**  
**2017 JUL 18 AM 9:56**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**Foreign Limited Liability Company**  
**Northgate Fairways of Carolina Owner LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	<b>\$125.00</b>

**FILED**  
**2017 JUL 18 AM 10:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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**S. WARREN**

**JUL 19 2017**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Northgate Fairways of Carolina Owner LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael Kaplan

Name of Person

Harkavy Shainberg Kaplan & Dunstan P.C.

Firm/Company

6060 Poplar Ave, Ste 140

Address

Memphis, TN 38119

City/State and Zip Code

mkaplan@harkavyschamberg.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Michael Kaplan

901

491-5326

Name of Contact Person

at ( )

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Northgate Fairways of Carolina Owner 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. Delaware 3. \_\_\_\_\_ (FEI number, if applicable)  
(Jurisdiction under the law of which foreign limited liability company is organized)

4. upon filing  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 12 College Road  
Monsey NY 10952  
(Street Address of Principal Office)

6. 12 College Road  
Monsey NY 10952  
(Mailing Address)

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

Name: CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(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.

By: CT Corporation System Olga Hinkel - VP  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Jeffrey Weiskopf - Manager - 12 College Road, Monsey NY, 10952

Israel Orzel - Manager - 12 College Road, Monsey NY, 10952

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)

Michael Kaplan

Signature of an authorized person

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.

Michael Kaplan

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORTHLAKE FAIRWAYS OF CAROLINA OWNER 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 FIFTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTHLAKE FAIRWAYS OF CAROLINA OWNER LLC" WAS FORMED ON THE THIRTEENTH DAY OF JUNE, A.D. 2017.

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



6444817 8300

SR# 20175088906

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202828613

Date: 07-05-17