

M18000006793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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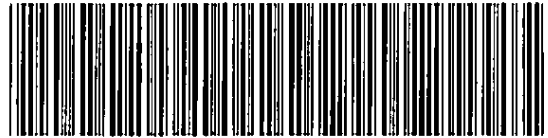
(Business Entity Name)

(Document Number)

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K. SALY  
JUL 25 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 317178 7521141  
AUTHORIZATION :   
COST LIMIT : \$ 125.00

ORDER DATE : July 24, 2018  
ORDER TIME : 2:21 PM  
ORDER NO. : 317178-040  
CUSTOMER NO: 7521141

FOREIGN FILINGS

NAME: MK AVE B, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MK AVE B, 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:

c/o ANDREW DAVID KLABER

Name of Person

Firm/Company

43 EAST 13TH STREET, APT. 2

Address

NEW YORK, NEW YORK 10011

City/State and Zip Code

ANDREW.KLABER@GOOGLEMAIL.COM

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

For further information concerning this matter, please call:

Andrew Klaber at ( 847 ) 345-2948  
~~Andrew Klaber~~ ~~345-7759~~  
Name of Contact Person 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. MK AVE B, 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. NEW YORK  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 812941048  
(FBI number, if applicable)
4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)
5. 43 WEST 13TH STREET, APT. 2  
(Street Address of Principal Office)  
NEW YORK, NEW YORK 10011
6. c/o ANDREW DAVID KLABER  
(Mailing Address)  
43 WEST 13TH STREET, APT. 2  
NEW YORK, NEW YORK 10011

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

Name: Corporation Service Company

Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(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: Corporation Service Company  
(Registered agent's signature)

Roxanne Turner  
(Registered agent's signature)

Roxanne Turner  
Asst. Vice President

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Sole Member</u>	<u>Mona Debra Klaber</u> <u>1110 Knollwood Drive</u> <u>Buffalo Grove, IL 60089</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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.

Mona Klaber  
Signature of an authorized person

MONA DEBRA KLABER

Typed or printed name of signer

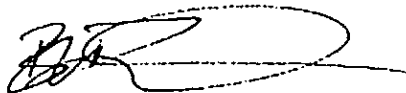
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TALLAHASSEE, FLORIDA

# State of New York Department of State } ss:

I hereby certify, that MK AVE B, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/14/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.

\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 23rd day of July  
two thousand and eighteen.*



Brendan W. Fitzgerald  
Executive Deputy Secretary of State



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ALBANY, NY