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| (Requestor's Name)                      |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| <u></u>                                 |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| _                                       |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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Office Use Only



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DAISE POST CONTRACTOR OF CANADA

18 AUG 15 AM 9: 4
SECRETARY OF STAT

K. SALY AUG 1 6 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 350188 4370848

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE : August 15, 2018

ORDER TIME : 1:30 PM

ORDER NO. : 350188-020

CUSTOMER NO: 4370848

#### FOREIGN FILINGS

NAME: NORTHWEST SEVENTH AVENUE

REALTY, 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: Emily Croft -- EXT# 62925

EXAMINER:

#### **COVER LETTER**

то:

|  | Registration Section<br>Division of Corporatio  | ns  |   |                             |   |                                |  |  |
|--|---|---|---|-----------------------------|---|--------------------------------|--|--|
| SHR IEZ  | Northwest Seve                                  | nth Avenue Realty, LLC                                      |   |                             |   |                                |  |  |
| SUBJECT:Name of Limited Liability Company  |   |   |   |                             |   |                                |  |  |
| The enclo<br>Existence   | osed "Application by Fo                         | reign Limited Liability Comped to register the above refere | oany for Authoriza<br>enced foreign limit   | tion to Tra<br>ed liability | ansact Business in Florida."<br>y company to transact busin | Certificate of ess in Florida. |  |  |
| Please re  | turn all correspondence                         | concerning this matter to the                               | following:  |                             |   |                                |  |  |
|  | FRAN MU   | LNICK PARKER, ESQ   |   |                             |   |                                |  |  |
|  |   | N   | ame of Person   |                             |   |                                |  |  |
|  | THE LAW OFFICES OF FRAN MULNICK PARKER          |   |   |                             |   |                                |  |  |
|  | Firm/Company                                    |   |   |                             |   |                                |  |  |
|  | 888 NEWARK AVENUE                               |   |   |                             |   |                                |  |  |
|  | Address   |   |   |                             |   |                                |  |  |
|  | JERSEY CIT                                      | Y, NJ 07306   |   |                             |   |                                |  |  |
|  |   | City/S  | tate and Zip Code   |                             |   |                                |  |  |
|  | kristina@fm                                     | parkerlaw.com<br>E-mail address: (10 be used                | for future annual   | report not                  | ification)  |                                |  |  |
| For furth  | er information concernir                        | ng this matter, please call:                                |   |                             |   |                                |  |  |
|  | Kristina Hoshovsk                               | iy  | 212<br>at (   | 647                         | 7-7392  |                                |  |  |
|  | Name (  | of Contact Person   | Area Code   | Day                         | time 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 |                             |   |                                |  |  |
|  | is a check for the follow ☐ \$125.00 Filing Fee | ving amount: ☐ \$130.00 Filing Fee & Certificate of Status  | S155.00 Filir<br>Certified Copy   | ig Fee &                    | ☐ \$160.00 Filing Fee, Ce<br>of Status & Certified Cop      |                                |  |  |

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

IN COMPLIANCE WITH SECTION @5.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Northwest Seventh<br>(Name of Foreign | Avenue Realty, LLC<br>Limited Liability Company; must include "Limit   | ed Liability Company," "L. L.C.," or "LLC."        | •)                                     |  |
|--|--|--|--|--|
| (If name unavailable, enter alternate n  | ame adopted for the purpose of transacting business in Fl  | orida. The alternate name must include "Limited Li | ability Company," "L.L.C," or "LI,C,") |  |
| D 1                                      |  | 3 Applied For                                      |  |  |
|  | nich föreign limited liability company is organized)   |  | aber, il applicable)                   |  |
| 4. Upon Filing _                         |  |  | <del></del>                            |  |
|  | (Date first transacted business in Florida, if prior to<br>(See sections 605 0904 & 605 0905, F.S. to deter-   | nine penalty hability)                             |  |  |
| 5. 318 NW 23rd Str                       | >e1  | 6. 318 NW 23rd Street                              | <u> </u>                               |  |
| (Street Address of I                     |  | Miami Florida 3312                                 | dress) EQ E 17                         |  |
| Miami Florida 3                          | Miami Florida 33127  |  | SIN PERO                               |  |
|  |  |  |  |  |
|  |  |  | SEP. FLO                               |  |
| 7. Name and street address               | ss of Florida registered agent: (P.O. Bo.  | x <u>NOT</u> acceptable)                           | 700                                    |  |
| Name:                                    | Corporation Service Company  |  | LORAL CORNER                           |  |
| Office Address:                          | 1201 Hays Street   |  | P                                      |  |
|  | Tallahassee  | , Florida 32301                                    |  |  |
|  | (City)   | (Zip es  | nde)                                   |  |
| to comply with the provisi               | tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.  Corporation Service Company  By:  (Registered agent) | r and complete performance of my                   |  |  |
| R. The name title or can                 | acity and address of the person(s) who h   | as/baye ambarity to manage is/are:                 | 2 Tesident                             |  |
| Title or Capacity:                       | Name and Address:  | Title or Capacity:                                 | Name and Address:                      |  |
| AMBR                                     | Moishe Mana<br>318 NW 23rd<br>-Miami,-El33127  |  |  |  |
| <del></del>                              |  |  |  |  |
| (Use attachments if neces                | sary)  |  |  |  |
|  | of existence, no more than 90 days old of which it is organized. (If the certifical abmitted)  |  |  |  |
|  | uted in accordance with section 605.020<br>the Department of State constitutes a th  |  |  |  |
|  | Signatur   | e of an authorized person                          |  |  |

Typed or printed name of signee

Moishe Mana

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NORTHWEST SEVENTH AVENUE REALTY, 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 FIFTEENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTHWEST SEVENTH AVENUE REALTY, LLC" WAS FORMED ON THE NINTH DAY OF AUGUST, A.D. 2018.

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

18 AUG 15 AM 9: 40
SLUKETARY OF STATE



Authentication: 203251434

Date: 08-15-18

7010889 8300 SR# 20186183484