M1800009123

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL	•					
(Business Entity Name)						
(Document Number)						
Pertified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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Georgina A. Mora Phone: 305,428,4665 georgina.mora@saul.com

www.saul.com

September 28, 2018

VIA OVERNIGHT MAIL

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

Re: Applications to Transact Business in Florida for:

Countryside Property Owner, LLC; Manor Property Owner, LLC; Edgewood Property Owner, LLC; and Chateau Property Owner, LLC.

To Whom It May Concern:

Enclosed please find the completed applications and payment for the above referenced entities. Once the entities have been filed please forward the certificates authorizing the entities to transact business in Florida in the enclosed UPS package.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Georgina A. Mora Real Estate Paralegal

Southeast Financial Center • 200 S. Biscayne Blvd., Saite 3600 • Miami, Fl. 33131 Phone: (305) 428-4500 • Fax: (305) 374-4744

COVER LETTER

то:	Registrati Division o	on Section f Corporations					
CUDICA		ryside Property	Owner, LLC				
SUBJEC	LI;		Name of L	imited Liability C	Company		
The encl Existenc	losed "Appl e, and chec	ication by Fore k are submitted	ign Limited Liability Compa to register the above referen	any for Authoriza aced foreign limit	tion to Tran ed liability	nsact Business in Florida," Certificate of company to transact business in Florida.	
Please re	eturn all cor	respondence co	ncerning this matter to the f	ollowing:			
	К	Levin S. Grossfe	eld, Esq.				
•	Name of Person Saul Ewing Arnstein & Lehr, LLP						
•							
Firm/Company							
	2	00 S. Biscayne	Blvd, Suite 3600				
	Address						
	N	1iami, FL 3313	1				
	_		City/Sta	ate and Zip Code			
kevin.grossfeld@saul.com							
			E-mail address: (to be used	for future annual	report noti	fication)	
For furth	ner informa	tion concerning	this matter, please call:				
Georgina Mora				305 at (428-466	5	
Name of Contact Person				Area Code	Dayt	ime 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					☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO FRANSACT BUSINESS AN FLORIDA

IN COMPILANCE WITH SECTION GOODAL PLONIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FORENCY TEMPOR MARKETY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA 1. Countryside Property Owner, LLC Clame of Foreign Limited Limbility Company; must include "Limited Finbility Company," [L.E.C.," or "CLC."] fil news cross-soluble, entry afternate many adopted for the purpose of minuscring because in Florida. The alternate name must on table ", sewent L unity Company 2 Delaware (Impaction on under the law of which toronto tempted in thirty company is organized) Elling that transported becomes in provide, if other to registration ((See sections first orbita & oils that for to describe provide halolity) 2329 Nontrand Avenue 2329 Nostrand Avenue (Street Address of Principal Office) 3rd Floor 3rd Floor Brooklyn, NY 11210 Brooklyn, NY 11210 7. Name and street address of Florida registered agent: (P.O. Box. NO1 acceptable) Kevin S. Grossfeld, Esq. Name: 200 S. Biscayne Blvd, Suite 3600 Office Address: Migmi 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, illegistered ages 8. The name, (title or capacity and address of the person(s) who lins/have authority to manage is are. Same and Address: Title or Capacity: Title or Capacity: Name and Address: MGR Aaron Kurlansky (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 talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

Typed or printed name of signer

Aaron Kurlansky

Signature of an authorized person

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "COUNTRYSIDE PROPERTY 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 TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2018.

Authentication: 203505146

Date: 09-27-18

7076374 8300 SR# 20186868024