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Florida Department of State
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To:

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

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Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850)656-7956
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Foreign Limited Liability Company
2711 Allen Rd Apartments, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2018 DEC -5 PM 3:16

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12-6-18

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. 2711 Allen Rd Apartments, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware 3. 83-2712552
(Jurisdiction under the law of which foreign limited liability company is organized) (PSI number, if applicable)

4. 12/5/2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 4 Redwood Court 6. 4 Redwood Court
(Street Address of Principal Office) (Mailing Address)
Port Washington, NY 11050 Port Washington, NY 11050

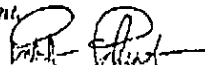
7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable)

Name: Corporate Service Bureau Inc.
Office Address: 1540 Glenway Drive
Tallahassee, Florida 32301
(City) (Zip code)

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18 DEC -5 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



(Registered agent's signature)

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

Title or Capacity:Name and Address:

MGR

Elliot R. Sealove

4 Redwood Court

Port Washington, NY 11050

MGR

Joseph Brennan

109 Betty Road

New Hyde Park, NY 11040

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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(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.817.133, P.S.

/s/ Max B. Sender

Signature of an authorized person

Max B. Sender, Authorized Representative

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 "2711 ALLEN RD 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 FIFTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2711 ALLEN RD APARTMENTS, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2018.

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

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DELAWARE



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


Jeffrey W. Bullock, Secretary of State

Authentication: 204027831

Date: 12-05-18