

Florida Department of State
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To: Division of Corporations
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From: Account Name : Vcorp SERVICES, LLC
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Foreign Limited Liability Company
ALEXANDER 1119 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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1-7-19

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. ALEXANDER 1119 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. _____

(FEI number, if applicable)

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

5. 572 Kensington Place

(Street Address of Principal Office)

Cedarhurst, NY 11516

6. 572 Kensington Place

(Mailing Address)

Cedarhurst, NY 11516

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

Name: Mark Honigsfeld

Office Address: 5225 Collins Avenue apt 1421

Miami Beach

(City)

, Florida 33140

(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.

(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:

Title or Capacity:

Name and Address:

Manager

Steven Vegh

572 Kensington Place
Cedarhurst, NY 11516

(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.

Steven Vegh

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

**State of New York
Department of State } ss:**

I hereby certify, that ALEXANDER 1119 LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/21/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of ALEXANDER 1119 LLC was filed on 03/21/2016.

A Biennial Statement was filed 01/03/2019.

I further certify, that no other documents have been filed by such Limited Liability Company.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 03rd day of January
two thousand and nineteen.*

A handwritten signature in black ink, appearing to read "Whitney Clark".

Whitney Clark
Deputy Secretary of State