## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (845)425-0077 Phone

: (845)618-3588 Fax Number

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### Foreign Limited Liability Company **ALEXANDER 1121 LLC**

Certificate of Status	0		
Certified Copy	0		
Page Count	02		
Estimated Charge	\$125.00		

PLEASE HONOR 1/4/2019 AS THE FILING DATE AS WE TRIED FAXING ON FRIDAY MULTIPLE TIMES BUT THE FAX LINE WAS DOWN ALL DAY

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

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: Alexander 1121 LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name mavailable, entry simmate name adopted for the purpose of transacting buripass in Florids. The shannate more must include "Limited Liability Company," "L.L.C," or "LLC," or 2. New York (FEI murpher, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 6. 572 Kensington Place 5. 572 Kensington Place (Marking Address (Street Address of Prescipal Office) Cedarhurst, NY 11516 Cedarhurst, NY 11516 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Mark Honigsfeld Name: 5225 Collins Avenue apt 1421 Office Address: Miami Beach 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 regulie 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: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Stoven Vegh Manager 572 Kensington Place (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 outh of the translator must be submitted) 10. This document is executed in accordance with person 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. Signature of an authorized person Steven Vegh Typed or printed name of signes

01/07/2019 09:48 (FAX)845 818 3588 P.002/003

# State of New York Department of State } ss:

I hereby certify, that ALEXANDER 1121 LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/10/2016, 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 1121 LLC was filed on 01/18/2017.

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

OF NEW

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.

homy Clark

Whitney Clark

Deputy Secretary of State

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