

Kim Tadlock 00432742 (03/8 01/4/019 1
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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 : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company
49TH STREET APARTMENTS GP LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

THIS WAS ORIGINALLY SUBMITTED ON 1/11/19, BUT YOUR FAX MACHINE HAS BEEN MESSED UP AND KEEPS GIVING A BUSY RESPONSE. PLEASE FILE AND GIVE 1/11/19 AS THE FILE DATE. THANKS!!!**

Electronic Filing Menu

Corporate Filing Menu

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V HERRING

JAN 15 2019

2019 JAN 14 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JAN 11 PM 12:58

FILED

49TH STREET APARTMENTS GP LLC,
a dissolved Florida limited liability company
P.O. Box 182027
Altamonte Springs, FL 32716
(786) 405-0927

49TH STREET APARTMENTS GP LLC,
a Delaware limited liability company
P.O. Box 182027
Altamonte Springs, FL 32716
(786) 405-0927

January 10, 2019

Division of Corporations
Clifton Building, Registration Section
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: *Permission to Use Existing Name of 49th Street Apartments GP LLC*

Dear Sir or Madam:

This letter shall serve to evidence permission being granted by the owners of both 49th Street Apartments GP LLC, a dissolved Florida limited liability company ("FL LLC") and 49th Street Apartments GP LLC, a Delaware limited liability company ("DE LLC"), to allow the DE LLC to be registered with the Florida Secretary of State to transact business in Florida using the name of now dissolved FL LLC.

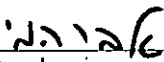
Please do not hesitate to contact my attorney, Jeffrey Shear, at (813) 387-0272 should you have any questions or require additional information.

Respectfully submitted,


49TH STREET APARTMENTS GP LLC,
a Florida limited liability company

49TH STREET APARTMENTS GP LLC,
a Delaware limited liability company

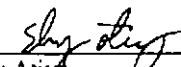
By: 
Noam Avrahami
Its: Member and Manager

By: 
Noam Avrahami
Its: Member and Authorized Representative

By: 
Shay Milcch
Its: Member and Manager

By: 
Shay Milcch
Its: Member and Authorized Representative

By: 
Shay Atiya
Its: Member and Manager

By: 
Shay Atiya
Its: Member and Authorized Representative

cc: Jeffrey Shear, Esquire

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 49th Street Apartments GP LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Noam Avrahami

Name of Person

49th Street Apartments GP LLC

Firm/Company

P.O. Box 162027

Address

Altamonte Springs, FL 32716

City/State and Zip Code

noam@rol-cap.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Noam Avranami

788

405-0927

Name of Contact Person

at ()

Area Code

Daytime 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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**☐ \$125.00 Filing Fee☐ \$130.00 Filing Fee &
Certificate of Status☐ \$155.00 Filing Fee &
Certified Copy☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. 49th Street Apartments GP 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.")

Delaware

2. Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

Registration Date

4. (Date first transacted business in Florida; if prior to registration,
(See sections 603.9904 & 603.9905, F.S. to determine penalty liability)

251 Little Falls Drive

5. (Street Address of Principal Office)

251 Little Falls Drive

6. (Mailing Address)

Wilmington, DE 19808

Wilmington, DE 19808

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

Name: Shay Milech

Office Address: 2700 W. Cypress Creek Road, #D128

Ft. Lauderdale, Florida 33309
(City) (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. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Shay Milech

☒ Member Address: P.O. Box 162027

☒ Authorized Altamonte Springs, FL 32716

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Noam Avrahami

☒ Member Address: P.O. Box 162027

☒ Authorized Altamonte Springs, FL 32716

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Shay Aliya

☒ Member Address: P.O. Box 162027

☒ Authorized Altamonte Springs, FL 32716

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Signature of an authorized person

Shay Milech

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "49TH STREET APARTMENTS GP 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 ELEVENTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "49TH STREET APARTMENTS GP LLC" WAS FORMED ON THE SEVENTH DAY OF JANUARY, A.D. 2019.

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

FILED

2019 JAN 11 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7226268 8300

SR# 20190212462

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202064238

Date: 01-11-19

H190000137853