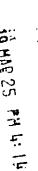
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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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2/26/19 (15

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 697029 4301770

AUTHORIZATION : Spulle Reas

COST LIMIT : \$ 135.00

ORDER DATE: March 25, 2019

ORDER TIME : 1:0 PM

ORDER NO. : 697029-005

CUSTOMER NO: 4301770

FOREIGN FILINGS

NAME: 2404 REALTY LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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COVER LETTER

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TO:

CT: _	2404 Realty LLC		
_		nited Liability Company	
	"Application by Foreign Limited Liability Compan I check are submitted to register the above reference		
return a	all correspondence concerning this matter to the fol	lowing:	
	Gerald DeSantis, Esq.		
	Nam	e of Person	
	Patterson Belknap Webb & Tyler LLP		
	Firm	/Company	
	1133 Avenue of the Americas		
		Address	
	New York, NY 10036		دم
	City/State	and Zip Code	ديم ديم -سر
	asteinberg28@gmail.com		ر در
	E-mail address: (to be used for	or future annual report notification)	—-1 —-]
ther inf	formation concerning this matter, please call:		<u>ئ</u> ب
Gera	ld DeSantis, Esq.	212 336-2450 at ()	-r
	Name of Contact Person	Area Code Daytime Telephone Number	er
Divis Regis P.O.	LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

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. 2404 Realty LLC							
(Name of Foreign	Limited Elability Company; must include "Limit	ed Liabilit	y Company," "L.L.C	C.," or "ELC.")			
(H name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida. The a	ternate name must inch	ode "Limited Liability	Сопралу	," "LL.C." (or "LLC.")
Delaware 2.		2					
(Jurisdiction under the law of which foreign limited liability company is organized)				(FEI number, 1	f applicabl	e)	
4.							
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration nine penalty) liability)				
1800 S. Ocean Drive	· · · · · · · · · · · · · · · · · · ·	6.	10 West End	Avenue, Apt 2	4A	~2	
(Street Address of F	Principal Office)			(Mailing Address)	-	ر دنده	
Hallandale Beach, Fl	_ 33009		New York, NY	10023		ाह् इ.व.	
						, , ,	· · · · · ·
				<u>.</u> .	-		
7. Name and street addres	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> a	eceptable)		; ·	(T. ex ex	
Name:	Alex Steinberg						
Office Address:	1800 S. Ocean Drive, Apt 2404						
	Hallandale Beach, FL		, Florida	33009			
	(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.

Alex Steinberg
By:

(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: Title or Capacity: Name and Address: Name: ____ Kenneth Steinberg Name: Alex Steinberg Manager Manager Address: 10 West End Avenue, Apt 24A Address: 303 Mercer Street, Apt B303 Member ☐ Member New York, NY 10023 New York, NY 10003 Authorized Authorized Person Person __Other____ ___Other____ Other Other____ Name: Julie Steinberg Manager Manager | P.O. Box 50057 Member Address: ☐ Member Address: 7750 Maryland Avenue Authorized Authorized Claton, MO 63105 Person Person Other Other Other____ Other ☐Manager Manager | Name: _____ Member Address: ____ Member Authorized Authorized Person Person Other Other____ Other___ ...Other<u>∞</u> Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 legree felony as provided for in s.817.155, F.S. Signature of an authorized Alex Steinberg, Manager

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "2404 REALTY LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

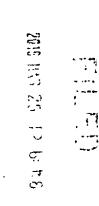
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-FIFTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2404 REALTY LLC"

WAS FORMED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2019.

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





Authentication: 202510266

Date: 03-25-19

7339588 8300 SR# 20192247070