# M19000004611

(Requ	estor's Name)
(Addre	ss)
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(City/S	tate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ducie	ess Entity Name)
(Docu	nent Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ng Officer:
	Office Use Only



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TO BE CONTROL STATE

O SIMMONS

# Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

# ORDER FORM

TO Florida Department of State

Division of Corporations, Clifton

Building

2661 Executive Center Circle

Tallahassee, FL 32301

corphelp@dos.myflorida.com

850-245-6051

Melissa Stops **FROM** 

mstops@incserv.com

850.656.7953

REQUEST DATE 5/8/2019

**PRIORITY** Routine

**OUR REF # (Order ID#)** 741362

**ORDER ENTITY** 

FAIRSTEAD AFFORDABLE FL LLC

## PLEASE PERFORM THE FOLLOWING SERVICES:

File the attached foreign qualification document

#### NOTES:

\$125.00 Authorized

Email address for annual report reminders: radiv@incserv.com

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and counter package if applicable. For UCC orders, please include the thru date on the results.

Page 1 of 1 Wednesday, May 08, 2019

### 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 POREIGN LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Fairstead Affordable F	L LLC				
(Name of Fereign	Limited Liability Company; must include "L	imited Liability Company, "1.	IC.," or "I.I.C.")		
(If name unavailable, enter alternate n	name adopted for the purpose of transacting business	in Florida. The alternate name must i	include "Limited Liability C	ompany," "1,1C," o	F"I,LC,")
Delaware 2	hich foreign limited liability company is organized)	_ 3	(FE) number, if a		
(Juris diction under the file of w	пись коленда штанеса цающиму сотторыму из отдализеся)		(rhi number, if a	pplicable)	
4	(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to d	ior to registration.)		_	
250 West 55th Street,	35th Fl.	250 Wast 55	th Street, 35th Fl.		
(Street Address of I	Principal Office)	<b>U</b>	(Mailing Address)	<u></u>	
New York, NY 10019		New York, N	Y 10019		
					T
7 Name and street address	is of Florida registered agent: (P.O.	Roy NOT appendable)		7	
7. 14amie and <u>suject addies</u>	of Provide registered agent. (1.0.	Box 101 acceptable)			<del>ب</del> ف
Name;	Incorporating Services, Ltd.				_
Office Address:	1540 Glenway Drive				
	Tallahassec	, Floric	32301		
	(Cny)	, 1 10/10	(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 previsions 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.

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: Jeffrey C. Goldberg Stuart Feldman Name: ■ Manager Manager 250 West 55th Street, 35th Fl. 250 West 55th Street, 35th Fl. Member Address: ☐ Member New York, NY 10019 New York, NY 10019 Authorized Authorized Person Person Other\_ Other\_\_\_\_ Other\_ Other ■Manager Manager | ☐ Member Authorized Authorized Person Person Other\_ Other\_\_\_\_ Other **Мападет** Manager | Name: Member Member Address: Authorized ☐ Authorized Person Person Other\_ Other\_\_\_\_ Other\_ Other\_\_\_ 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 toffine pepartment of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person Jeffrey C. Goldberg

Typed or printed name of signee

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FAIRSTEAD AFFORDABLE FL 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 EIGHTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FAIRSTEAD AFFORDABLE FL LLC" WAS FORMED ON THE SECOND DAY OF MAY, A.D. 2019.

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

Authentication: 202786308

Date: 05-08-19

7401801 8300 SR# 20193659578