Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000164859 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000085 Phone : (718)569-2703 Fax Number : (718)504-7890

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Email Address: contact@interstatefilings.com

#### Foreign Limited Liability Company 1800 NE 168TH STREET LLC

Certificate of Status	0
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MAY 2 3 2019

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#### RESUBMISSION



May 22, 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

INTERSTATE FILINGS LLC

SUBJECT: 1800 NE 168TH STREET LLC

REF: W19000049839

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey Regulatory Specialist II FAX Aud. #: H19000164859 Letter Number: 319A00010366

### 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 FORFIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 1800 NE 168TH STREET LLC	-23-11 W 1 2	<u> </u>	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.	"C.," or "LLC	2.1)	
(If name anavnilable, enter alternate name adopted for the purpose of transacting business in Piorida. The alter	mate nume m	ust includ	de "Limited
DELAMADE			
(FEI number, if	applicable)		
company is organized)	555 ALL	2019	
4. (Date first transacted business in Florida, if prior to registration.)	<u> </u>	YAY.	
(See sections 605,0904 & 605,0905, F.S. to determine penalty habitity)	TAR ASS	~~	
<sub>5.</sub> 2071 FLATBUSH AVE STE 22	<u> </u>	22	
BROOKLYN, NY 11234	S. 1.	₽ <b>X</b>	ĹΠ
(Street Address of Principal Office)	DRI.	<del>-</del> <del>-</del> -	$\overline{\bigcirc}$
6. 2071 FLATBUSH AVE STE 22	ID <sub>A</sub>	36	<del> </del>
BROOKLYN, NY 11234			
(Mailing Address)			<del></del>
7. The name, title or capacity and address of the person(s) who has/have authority	to manag	c is/ar	c:
TEDDY LICHTSCHEIN - MANAGING MEMBER			<del></del>
2071 FLATBUSH AVE STE 22, BROOKLYN, NY 11234			
	<del></del> -	<u> </u>	_
8. Attached is an original certificate of existence, no more than 90 days old, duly a	uthenticat	ed by t	he official
having custody of records in the jurisdiction under the law of which it is organized acceptable. If the certificate is in a foreign language, a translation of the certificate	i. (A photo under oat	ocopy i h of the	s not e translator
must be submitted)	under one	,, 01	
( Augli			
Spirature of an authorized person (In accordance with section 605 0203, F.S., the execution of this document constitutes an afternation under the penalties of an aware that any false information submitted in a document to the Department of State constitutes a third degree felony of	of perjusy that t is provided for	he facts st in s.817.1	ated herein are tru 55, F.S.)
TEDDY LICHTSCHEIN			
Typed or printed name of signee			

1. The name of the Limited Liability Company is:

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1800 NE	168TH STRE	ET LLC			
If unavailable,	the alternate to be used in	the state of Florida is:	TALLAHA	2019 MA	
2. The name a		ess of the registered agent and office are	· .C	22	
	INTERSTATE	AGENT SERVICES L	Les	#: #:	0
		(Nanic)	Dr.	36	
	100 SE 2ND 8	ST. STE. 2000 #209			
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	·		
	МІАМІ	33131			
		City/State/Zip			

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 certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)

(((H190001648593)))

# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "1800 NE 168TH STREET 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-FIRST DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1800 NE 168TH STREET LLC" WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2019.

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

PILED

2019 MAY 22 PM 4: 36

TALLAHASSEE, FLORIDA

7263540 8300 SR# 20194253489

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

Jeffrey VI, Butteck, Secretary of State

Authentication: 202865869

Date: 05-21-19