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2019-06-12 06:29:53 (GMT)

18668561462 From: Paul Feldma

6/12/2019

Division of Corporations

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

Email Address: debbie@lawlp.com

Foreign Limited Liability Company
Hallandale Apartments, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
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2019 JUN 12 PM 7:14

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. Hallandale Apartments, 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.")

2. Delaware 3. 84-1902212
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 3230 Stirling Road, Suite 1 6. 3230 Stirling Road, Suite 1
(Street Address of Principal Office) (Mailing Address)

Hollywood, Florida 33021 Hollywood, Florida 33021

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(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.

Bill Havre
(Registered agent's signature)

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2019 JUN 12 PM 7:11
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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: Hallandale Holding LLC

☒ Member Address: 3230 Stirling Road, Suite 1

☐ Authorized Hollywood, FL 33021

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: 7th and 6th Street Holdings LLC

☒ Member Address: 3230 Stirling Road, Suite 1

☐ Authorized Hollywood, FL 33021

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

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.

Karen E. Elliot

Signature of an authorized person

Karen E. Elliot

Typed or printed name of signer

State of Delaware
Secretary of State
Division of Corporations
Delivered: 06:25 PM 05/28/2019
FILED: 06:25 PM 05/28/2019
SR 20194696597 - File Number 7440106

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

First: The name of the limited liability company is Hallandale Apartments, LLC

Second: The address of its registered office in the State of Delaware is 3500 S DuPont Highway in the City of Dover.
Zip code 19901. The name of its Registered agent at such address is Incorporating Services, Ltd.

Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is _____.")

Fourth: (Insert any other matters the members determine to include herein.)

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In Witness Whereof, the undersigned have executed this Certificate of Formation this 28th day of May, 2019.

Incorporating Services, Ltd., Organizer

By: [Signature]
Authorized Person (s)

Name: Karen E. Elliott
Assistant Vice President