Maconaso

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| Jan Carren Mui | | | | |

Office Use Only



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SECKETARY OF STAT ALLAHASSEE, FLORK

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 11, 2019

MARYJANE JACOBY 777 NEW DURHAM RD, STE D EDISON, NJ 08817

SUBJECT: FTM PROPERTY MANAGEMENT LLC

Ref. Number: W19000063403

We have received your document for FTM PROPERTY MANAGEMENT LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6842.

Letter Number: 719A00013998

Deborah Bruce Corporate Records Supervisor II

COVER LETTER

| то: | Registration Secti Division of Corpo | | | | | | | |
|--|---|---|---|--|-------------|--|--|--|
| SUBJEC | | / Management LLC | | | | | | |
| 00001.0 | -·· | Name of Limited Liability Company | | | | | | |
| | | | | ation to Transact Business in Florida. ted liability company to transact busi | | | | |
| Please re | eturn all correspond | ence concerning this matter to | the following: | | | | | |
| | Maryjane | Jacoby | | | | | | |
| | | | Name of Person | | _ | | | |
| | FTM Pro | perty Management LLC | | TALL MASS | -77 | | | |
| | | | Firm/Company | ASI P | | | | |
| | 777 New Durham Rd, STE D Address Edison, NJ 08817 | | | | | | | |
| | | | Address | 11. 12. | | | | |
| | Edison, N | IJ 08817 | | SATION OF THE PARTY OF THE PART | 08 | | | |
| | - | Ciı | y/State and Zip Code | | _ | | | |
| | maryjane.ja | ocoby@gmail.com | | | | | | |
| | · | E-mail address: (to be) | used for future annua | report notification) | _ | | | |
| For furth | er information cond | cerning this matter, please call: | | | | | | |
| | Jonathan Gerszber | g | 646 at (| 942-8935 | | | | |
| | N | ame of Contact Person | 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 | | | | | |
| | | t for the following amount: payable to: FLORIDA DEPA | ARTMENT OF STA | TF. | | | | |
| | S \$125.00 Filing | Fee S130.00 Filing Fe | | Filing Fee & S160,00 Filing ed Copy of Status & Ce | | | | |

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. FTM Property Manag | gement LLC | | | | | |
|---|---|-------------------------------|--------------------------------------|-------------------|-----------|--|
| (Name of Foreig | n Limited Liability Company; must include "Limit | ed Liability Com | ouny," "L.L.C.," or "LLC.") | | | |
| Small Aleph FTM LLC | | | | | | |
| (It name unavailable, enter alternate | name adopted for the purpose of transacting business in F | lorida. The alternate | name must include "Limited Liability | Company," "L.L.C, | or "LLC." | |
| Delaware 2. | | 83-05576119 3 | | | | |
| (Jurisdiction under the law of which foreign limited hability company is organized) | | 3. (FEI number, (Capplicable) | | | | |
| 6/1/2018 4. | | | : | 2019 JUL 25 | | |
| | (Date first transacted business in Florida, i) prior 6 (See sections 605,0904 & 605,0905, F.S. to deter- | nine penalty hability | | | | |
| 777 New Durham Ro | | 777 i | New Durham Road, STE I | [T] ""\ | | |
| (Street Address of | Principal Office) | . | (Mailing Address) | P | | |
| Edison, NJ 08817 | | Edisc | on, NJ 08817 | PM 4: 08 | | |
| | | | - | Dri Co | | |
| | | | | | | |
| 7. Name and street addre | rss of Florida registered agent: (P.O. Bo | x <u>NOT</u> accept | able) | | | |
| Name: | Jonathan Gerszberg | | _ | | | |
| Office Address: | 5900 North Andrews Ave. STE 100 | | _ | | | |
| | Ft Lauderdale | | 33309 , Florida | | | |
| | (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: | Title or Capacity: | Name and Address: |
|--|-----------------------------------|--|---|
| ■Manager | Name: | ☐ Manager | Name: |
| Member | Address: 777 New Durham Rd, STE D | Member | Address: |
| Authorized | | Authorized | |
| Person | Edison, NJ 08817 | Person | |
| Other | Other | Other | Other |
| ☐Manager ☐Member ☐Authorized Person ☐Other | Name: | ☐ Manager ☐ Member ☐ Authorized Person ☐ Other | Name: ZO19 JUL 25 PM L: Off Address: Address: PLORIDA |
| | | _ | · |
| Manager | Name: | Manager Manager | Name: |
| Member | Address: | ☐ 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. 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.

Jonathan Gerszberg

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 "FTM PROPERTY MANAGEMENT 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-SECOND DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FTM PROPERTY MANAGEMENT LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF APRIL, A.D. 2018.

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

2019 JUL 25 PM 4: 08

at coto delaware gov/au

6861983 8300

Authentication: 203264571

Date: 07-22-19