

W19000009168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

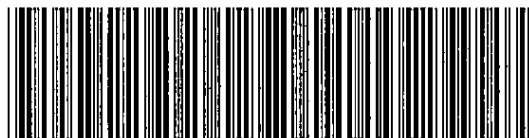
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W190000085623

Office Use Only



200333413462

09/11/19--01024--016 **130.00

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2019 SEP 23 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SCOTT

SEP 23 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Midtown Oaks Property Owner 2 LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Yosef Herskovitz

Name of Person

Arch Companies

Firm/Company

524 Broadway RM 405

Address

New York NY 10012

City/State and Zip Code

accounting@archer2.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yecheil Lehrfield

646

854-1959

at ()

Name 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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TALLAHASSEE, FLORIDA

FAX COVER SHEET

TO	f Florida foreign llc register
COMPANY	
FAX NUMBER	18502456030
FROM	yechiellehrfield
DATE	2019-09-23 17:07:35 GMT
RE	ATTN: Yvette Midtown Oaks Property Owner 2 LLC

COVER MESSAGE

Good afternoon Yvette, I think I sent you the wrong document before. Please see NY Certificate of Status attached.

If there is anything else needed please reach out at (646) 661-1857.

Thanks!

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2019

YOSEF HERSKOVITZ
524 BROADWAY
RM:405
NEW YORK, NY 10012

SUBJECT: MIDTOWN OAKS PROPERTY OWNER 2 LLC
Ref. Number: W19000085623

We have received your document for MIDTOWN OAKS PROPERTY OWNER 2 LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 419A00019584

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. Midtown Oaks Property Owner 2 LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

Midtown Oaks Owner 2 LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FBI 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)

524 Broadway RM 405

5.

(Street Address of Principal Office)

New York NY 10012

6.

(Mailing Address)

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TALLAHASSEE, FLORIDA

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

Name:

NRAI Services, Inc

Office Address:

1200 South Pine Island Road

Plantation

(City)

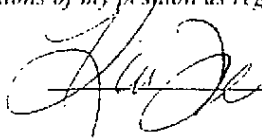
Florida

33324

(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.

 Kevin Engelberg, assistant
(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]:

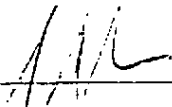
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Jeffrey Simpson</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>524 Broadway RM 405</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>New York NY 10012</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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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.



Signature of an authorized person

Jeffrey Simpson (Authorized representative: Midtown Oaks Property Owner 2 LLC)

Typed or printed name of signer

State of New York Department of State } ss:

I hereby certify, that MIDTOWN OAKS PROPERTY OWNER 2 LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/04/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 20th day of September
two thousand and nineteen.

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State

SEAL OF THE
STATE OF NEW YORK
TALIAFERRO, FLORIDA

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FILED

**State of New York } ss:
Department of State**

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TALLAHASSEE, FLORIDA

*WITNESS my hand and the official seal
of the Department of State, at the City of
Albany, this 4th day of September two
thousand and nineteen, at 12:17 PM.*

Brendan C. Hughes

*Brendan C. Hughes
Executive Deputy Secretary of State*

ONLINE FILING RECEIPT

ENTITY NAME: MIDTOWN OAKS PROPERTY OWNER 2 LLC

DOCUMENT TYPE: ARTICLES OF ORGANIZATION (DOM. LLC)

COUNTY: NEW

FILED:09/04/2019 DURATION:***** CASH#:190904020043 FILE#:190904020043
DOS ID:5614930

FILER:

EXIST DATE

YECHTEL LEHRFIELD
524 BROADWAY
RM 405
NEW YORK, NY 10012

09/04/2019

ADDRESS FOR PROCESS:

C/O ARCH COMPANIES
524 BROADWAY
RM 405
NEW YORK, NY 10012

REGISTERED AGENT:



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TALLAHASSEE, FLORIDA

The limited liability company is required to file a Biennial Statement with the Department of State every two years pursuant to Limited Liability Company Law Section 301. Notification that the Biennial Statement is due will only be made via email. Please go to www.email.ebiennial.dos.ny.gov to provide an email address to receive an email notification when the Biennial Statement is due.

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SERVICE COMPANY: ** NO SERVICE COMPANY **
SERVICE CODE: 00

FEE:	225.00	PAYMENTS	225.00
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FILING:	200.00	CHARGE	225.00
TAX:	0.00	DRAWDOWN	0.00
PLAIN COPY:	0.00		
CERT COPY:	0.00		
CERT OF EXIST:	25.00		

=====

DOS-1025 (04/2007)

ACKNOWLEDGEMENT COPY

ARTICLES OF ORGANIZATION OF

Midtown Oaks Property Owner 2 LLC

Under Section 203 of the Limited Liability Company Law

FIRST: The name of the limited liability company is:

Midtown Oaks Property Owner 2 LLC

SECOND: The county, within this state, in which the office of the limited liability company is to be located is NEW YORK.

THIRD: The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state, which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

c/o Arch Companies
524 Broadway
RM 405
New York, NY 10012

FOURTH: The limited liability company shall defend, indemnify and hold harmless all members, managers, and former members and managers of the limited liability company against expenses (including attorney's fees, judgments, fines, and amounts paid in settlement) incurred in connection with any claims, causes of action, demands, damages, liabilities of the limited liability company, and any pending or threatened action, suit, or proceeding. Such indemnification shall be made to the fullest extent permitted by the laws of the State of New York, provided that such acts or omissions which gives rise to the cause of action or proceedings occurred while the Member or Manager was in performance of his or her duties for the limited liability company and was not as a result of his or her fraud, gross negligence, willful misconduct or a wrongful taking. The indemnification provided herein shall inure to the benefit of successors, assigns, heirs, executors, and the administrators of any such person.

I certify that I have read the above statements, I am authorized to sign these Articles of Organization, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

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TALLAHASSEE, FLORIDA

Yechiel Lehrfield. (signature)

Yechiel Lehrfield , ORGANIZER
524 Broadway
RM 405
New york, NY 10012

Filed by:
Yechiel Lehrfield
524 Broadway
RM 405
New york, NY 10012

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