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(Cit	ty/State/Zip/Phone	#)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	





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SECSE IARY OF STATE ALLAHASSEE, FLORIO*I*

2019 OCT 14 PM 4: 46



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 010576

/X

COST LIMIT : \$ 425.400

AUTHORIZATION

ORDER DATE: October 14, 2019

ORDER TIME : 3:25 PM

ORDER NO. : 010576-005

CUSTOMER NO: 4307468

FOREIGN FILINGS

NAME: DENHOLTZ DEERFIELD LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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:

(FEI number, if applicable) (FEI number, if applicable) (Company, T. L. C." or "LL C."
enholtz Properties (Mailing Address)
enholtz Properties (Mailing Address)
enholtz Properties (Mailing Address)
(Mailing Address)
(Mailing Address)
(Mailing Address)
hestnut Street, Suite 102
ank, NJ 07701
ole)
32301 , Florida
(Zip code)
)

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: Steven J. Denholtz Manager Manager Address: 116 Chestnut Street, Suite 102 Member ☐ Member Address: Red Bank, NJ 07701 Authorized Authorized Person Person Other____ Other_ Other_ Name: Manager Manager Manager Name: _ Member Address: Member Address: _____ ☐ Authorized Authorized Person Person Other____ Other____ Other_ Manager Name: _____ Manager Name: ☐ Member Member Address: 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 to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person Todd E. Lehder, Esq., Authorized Representative

Typed or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DENHOLTZ DEERFIELD 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 OCTOBER, A.D. 2019.
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DENHOLTZ
DEERFIELD LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D.
2019.

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



Authentication: 203751736

Date: 10-08-19