

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : NRAI SERVICES, LLC
Account Number : I20080000104
Phone : (302) 674-4089
Fax Number : (302) 674-5266

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

Email Address: mshaitelman@crescentheights.com

Foreign Limited Liability Company
OZPC NO. 1 2900 BISCAYNE BLVD, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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OCT 21 2019

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Corporate Filing Menu

Help



October 18, 2019

NRAI SERVICES, LLC

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: OZPC NO. 1 2900 BISCAYNE BLVD, LLC
REF: W19000092805

TALLAHASSEE, FLORIDA

2019 OCT 18 PM 4:45

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.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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.

Tacarri K Glass
Regulatory Specialist II

FAX Aud. #: H19000308231
Letter Number: 519A00021595

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**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. OZPC No. 1 2900 Biscayne Blvd, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. _____
(FEI number, if applicable)

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

5. 2200 Biscayne Boulevard
(Street Address of Principal Office)

6. 2200 Biscayne Boulevard
(Mailing Address)

Miami, 33137
Miami, 33137

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

Name: Michael Sheitelman

Office Address: 2200 Biscayne Boulevard

Miami, Florida 33137
(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.

By: Michael Sheitelman
(Registered agent's signature)

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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: Sonny Kahn

☐ Member Address: 2200 Biscayne Boulevard

☐ Authorized Miami, Florida 33137

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Russell Galbut

☐ Member Address: 2200 Biscayne Boulevard

☐ Authorized Miami, Florida 33137

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Bruce Menin

☐ Member Address: 2200 Biscayne Boulevard

☐ Authorized Miami, Florida 33137

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: TALLAHASSEE, FLORIDA

☐ Member Address: 2890CT 15 P4 16 45

☐ 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.



Signature of an authorized person

Michael Sheitelman

Typed or printed name of signer

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OEPC NO. 1 2900 BISCAYNE BLVD, 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 SIXTEENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OEPC NO. 1 2900
BISCAYNE BLVD, LLC" WAS FORMED ON THE FIFTEENTH DAY OF OCTOBER,
A.D. 2019.

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

2019 OCT 11 PM 4:45
TALLAHASSEE, FLORIDA



7655542 8300

SR# 20197571858

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

Authentication: 203803096

Date: 10-16-19

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