16/1000911/81

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 054760 _ 4370848

AUTHORIZATION: Spelle land

COST LIMIT : \$ 125.00

ORDER DATE: November 18, 2019

ORDER TIME : 5:25 PM

ORDER NO. : 054760-005

CUSTOMER NO: 4370848

FOREIGN FILINGS

NAME: 25 WEST FLAGLER REALTY, 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:

COVER LETTER

TO:		ation Section n of Corporations			A	
SUBJI		West Flagler Realty	y, LLC			
30331			Name of Li	nited Liability	Company	
The en Exister	closed "A nce, and cl	pplication by Foreigneck are submitted t	gn Limited Liability Compar to register the above reference	ny for Authoriza ced foreign limi	ation to Transact Business in ted liability company to tran	n Florida," Certificate of isact business in Florida.
Picase	return all	correspondence con	ncerning this matter to the fo	llowing:		
		Fran Mulnick Par	ker			
			Nam	e of Person		7201
		The Law Offices	of Fran Mulnick Parker, P.C		· ·	12019 K.C.
	Firm		/Company			
		888 Newark Aver	nue :			图 里
	Address		<u> </u>			
		Jersey City, NJ 07	7306			is: or
	City/State and Zip Code					
		Kristina@fmparker	rlaw.com			
	-		E-mail address: (to be used f	or future annua	report notification)	
For fur	ther infor	mation concerning t	this matter, please call:			
	Fran Pa	arker		212 at (6477392	
		Name of 0	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 Cir Tallahassee, FL 32301	rcle	
		d is a check for the	following amount: to: FLORIDA DEPARTM	ENT OF STA	TE	
		5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & 🔲 \$160.	00 Filing Fee, Certificate tus & Certified Copy

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:

(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "I	J.C.")
			2019
name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limi	ted Liability Company," "Lal. C," or "
Deleware		Applied	
(Jurisdiction under the law of v	rhich foreign limited liability company is organized)	.)(FE	I mimber, if applicable)
Upon Filing			PH L
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ne penalty liability)	- L. 46
215 Coles Street		215 Coles Street	<i>Y</i>
(Street Address of	Principal Office)	6(Mailin	ng Address)
Jersey City, NJ 073	10	Jersey City, NJ 0731	0
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Jay Chung		
Office Address:	318 NW 23rd Street		
	Miami	33127 , Florida	•

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.

Jay Chung By:	- 9 Clus.	
	(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: Name and Address: Title or Capacity; Name: Moishe Mana 25 West Flagler Holdings Corp. Manager Address: 215 Coles Street 215 Coles Street Address: Member **■**Member Jersey City, NJ 11310 Jersey City, NJ 11310 Authorized Authorized Person Person Other____ Other_ Other_ Manager Manager Manager ☐ Member Address: Member Authorized Authorized Person Person Other_ Other____ Other_ Other Manager | Name: _____ Manager Name: Address: Member Address: ☐ Member 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.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "25 WEST FLAGLER REALTY, 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "25 WEST FLAGLER TO SEE THAT THE SE

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

91:

TAYS OF THE PARTY OF THE PARTY

Authentication: 204028995

Date: 11-18-19