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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

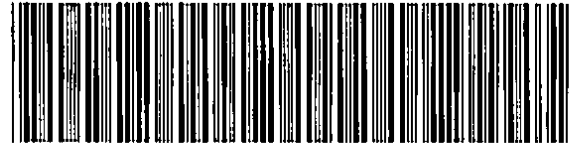
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— Real Estate Attorneys —

March 23, 2020

VIA FED-EX

Division of Corporations
Registration Section
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: SCHEYLER PROPERTIES LIMITED LIABILITY COMPANY

Dear Sir/Madam:

Enclosed herewith for filing is the Application by Foreign Limited Liability Company for Authorization to Transaction Business in Florida and Certificate of Organization from Massachusetts, for the above named LLC.

Also, **enclosed** please find a check in the amount of \$160.00, representing payment of your filing fee, certified copy and certificate of status.

If you have any questions with regard to this letter and/or the enclosure, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read 'David H. Rosenberg', with a large, stylized flourish at the end.

David H. Rosenberg, Esq.
Board Certified in Real Estate Law
For the Firm

Enclosures as Noted

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. SCHEYLER PROPERTIES LIMITED LIABILITY COMPANY

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

n/a

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

2. MA

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

3. n/a

(FEI number, if applicable)

4. 3/25/2020

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

5. 40 Jillians Way

(Street Address of Principal Office)

Bridgewater, MA 02324

6. 40 Jillians Way

(Mailing Address)

Bridgewater, MA 02324

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

Name:

David H. Rosenberg, Esq.

Office Address:

2639 Fruitville Road, Suite 203

Sarasota

(City)

, Florida 34237

(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]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|--------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: Alexander Littman |
| <input type="checkbox"/> Member | Address: 40 Jillions Way |
| <input type="checkbox"/> Authorized | Bridgewater, MA 02324 |
| Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ |
| Person | _____ |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ |
| Person | _____ |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ |
| Person | _____ |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ |
| Person | _____ |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ |
| Person | _____ |
| <input type="checkbox"/> Other | <input type="checkbox"/> 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.

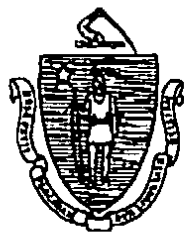
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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

David H. Rosenberg, Esq.

Typed or printed name of signer



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

March 20, 2020

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

SCHeyLER PROPERTIES LIMITED LIABILITY COMPANY

in accordance with the provisions of Massachusetts General Laws Chapter 156C on December 16, 2005.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:
ALEXANDER LITTMAN

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **ALEXANDER LITTMAN**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **ALEXANDER LITTMAN**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth