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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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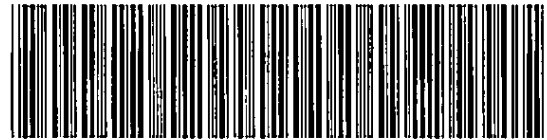
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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GALBUT WALTERS & ASSOCIATES

April 30, 2020

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

Re: Registration of Delaware LLCs to Transact Business
L & W ALF, LLC
15520 NW 2ND AVE, LLC
ASA OPCO MANAGEMENT, LLC

Dear Sir or Madam:

Enclosed please find three completed Applications by Foreign Limited Liability Company For Authorization To Transact Business in Florida, on behalf of L & W ALF, LLC, a Delaware limited liability company, 15520 NW 2ND AVE, LLC, a Delaware limited liability company, and ASA OPCO MANAGEMENT, LLC, a Delaware limited liability company. I have also enclosed a certified copy of the Delaware Certificate of Formation, and Delaware Letter of Good Standing for each company, and our checks for your fees in the amount of \$160.00 per company.

Your assistance in completing this registration is greatly appreciated, including the return of our certified documents in the enclosed Federal Express envelope.

Please contact me should there be anything further that you require.

Sincerely yours,
GALBUT, WALTERS & ASSOCIATES, LLP

A handwritten signature in black ink, appearing to read 'Alan S. Walters', written over a horizontal line.

ALAN S. WALTERS, ESQ.

ASW:aw
Encl.

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

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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)


5. 4770 Biscayne Blvd., Ste 1400 6. 4770 Biscayne Blvd., Ste 1400
(Street Address of Principal Office) (Mailing Address)
Miami, Florida 33137 Miami, Florida 33137

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

Name: Alan S. Walters
Office Address: 4770 Biscayne Blvd., Ste 1400
Miami 33137
_____, Florida _____
(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.



(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:**

☒ Manager Name: Steven Bicky
☐ Member Address: 2745 N.E. 184th Way
☐ Authorized Aventura, Florida 33160
Person
☐ Other ☐ Other

☒ Manager Name: Abraham A. Galbut
☐ Member Address: 4770 Biscayne Blvd, Ste 1400
☐ Authorized Miami, Florida 33137
Person
☐ Other ☐ Other

☐ Manager Name: Alan S. Walters
☐ Member Address: 4770 Biscayne Blvd., Ste 1400
☒ Authorized Miami, Florida 33137
Person
☐ Other ☐ Other

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

☒ Manager Name: Aryeh Seskin
☐ Member Address: 4101 Pine Tree Drive, Apt. 731
☐ Authorized Miami Beach, Fl. 33140
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

Alan S. Walters

Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "L & W ALF, 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 TWENTY-NINTH DAY OF APRIL, A.D. 2020.



7951734 8300

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202845342