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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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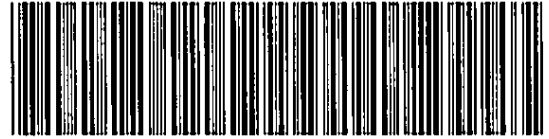
(Business Entity Name)

(Document Number)

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WDO 57239

NOTICE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Aviary Real Estate, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dane T. Stanish, Esq.

\_\_\_\_\_  
Name of Person

Law Offices of Dane Stanish, P.A.

\_\_\_\_\_  
Firm/Company

3475 Sheridan St., Suite 209

\_\_\_\_\_  
Address

Hollywood, FL 33021

\_\_\_\_\_  
City/State and Zip Code

stanishd@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dane T. Stanish

954 923-0524  
at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2020

DANE T STANISH  
3475 SHERIDAN ST STE 209  
HOLLYWOOD, FL 33021

SUBJECT: AVIARY REAL ESTATE, LLC  
Ref. Number: W20000057239

We have received your document for AVIARY REAL ESTATE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 720A00011315

**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. Aviary Real Estate, 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. New Jersey

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. May 22, 2020

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

5. 432 Park Avenue

(Street Address of Principal Office)

6. P.O. Box 220070

(Mailing Address)

Leonia, NJ 07605

Brooklyn, NY 11222

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

Name: Novi Filipovich

Office Address: 1225 SW 31 Street

Ft. Lauderdale

(City)

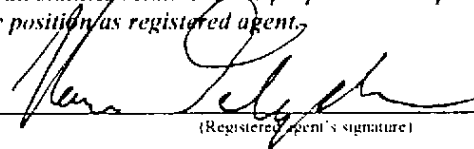
, Florida

33315

(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)

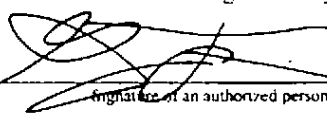
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Gregory Filipovich</u>	<input type="checkbox"/> Manager	Name: <u>Attila Filipovich</u>
<input type="checkbox"/> Member	Address: <u>432 Park Avenue</u>	<input type="checkbox"/> Member	Address: <u>432 Park Avenue</u>
<input type="checkbox"/> Authorized	<u>Leonia, NJ 07605</u>	<input type="checkbox"/> Authorized	<u>Leonia, NJ 07605</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>General Partner</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>General Partner</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Oliva Filipovich</u>	 <input type="checkbox"/> Manager	Name: <u>Dobrivoye Filipovich</u>
<input type="checkbox"/> Member	Address: <u>432 Park Avenue</u>	<input type="checkbox"/> Member	Address: <u>432 Park Avenue</u>
<input type="checkbox"/> Authorized	<u>Leonia, NJ 07605</u>	<input type="checkbox"/> Authorized	<u>Leonia, NJ 07605</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice-President</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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

GREGORY FILPOVICH  
\_\_\_\_\_  
Typed or printed name of signer

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

**AVIARY REAL ESTATE LIMITED LIABILITY COMPANY  
0400245662**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 17, 2008.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

*GREGORY R. FILIPOVICH  
432 PARK AVENUE  
LEONIA, NJ 07605*

*I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on May 25, 2019.*

*GENERAL PARTNER*

*GREGORY FILIPOVICH  
432 PARK AVE  
LEONIA, NJ 07605*

*GENERAL PARTNER*

*ATTILA FILIPOVICH  
432 PARK AVE  
LEONIA, NJ 07605*

*PRESIDENT*

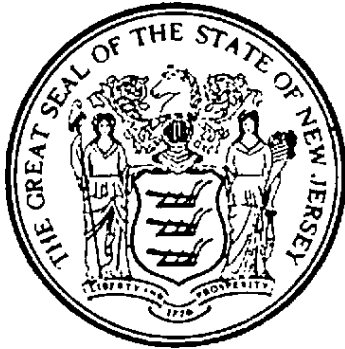
*OLIVA FILIPOVICH  
432 PARK AVE.  
LEONIA, NJ 07605*

*VICE PRESIDENT*

*DOBRIVOYE FILIPOVICH  
432 PARK AVE  
LEONIA, NJ 07605*

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

**AVIARY REAL ESTATE LIMITED LIABILITY COMPANY  
0400245662**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
19th day of May, 2020*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

*Elizabeth Maher Muoio  
State Treasurer*

*Certificate Number : 6107687156*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)*