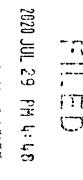
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(	Requestor's Name)
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7/30/20

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 368866 / 4370848

AUTHORIZATION : OFFICE AND STREET

COST LIMIT : \$ 125.00

ORDER DATE : July 27, 2020

ORDER TIME : 11:56 AM

ORDER NO. : 368866-005

CUSTOMER NO: 4370848

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## FOREIGN FILINGS

NAME: 1901 NW 1ST AVENUE 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:	Registration Section Division of Corpor							
SUBJE	1901 NW 1st A	Avenue Realty, LLC						
		Name	of Limited Liability	Сотрапу	<del></del>			
The enc Existent	losed "Application by ce, and check are sub-	y Foreign Limited Liability Co mitted to register the above ref	mpany for Authoriz erenced foreign lim	zation to I nited liabil	ransact Business in ity company to tran	rFlorida," ( sact busine	Certifica ss in Flo	te of orida
Please re	eturn all corresponde	nce concerning this matter to t	he following:					
	Pran Muln	ick Parker						
			Name of Person			<del></del>		
	The Law C	offices of Fran Mulnick Parker	, P.C.					
			Firm/Company				~3	
	888 Newar	k Avenue					102û J	ţ
			Address				F	
	Jersey City	, NJ 07306					29	i
		City/	State and Zip Code			-1	C	· ·
	kristina@fmj	oarkerlaw.com					F.	•
	<del></del>	E-mail address: (to be us	ed for future annual	report no	tification)		ည်	
For furthe	er information concer	ning this matter, please call:				- الم		
	Fran Mulnick Parker		212 at (	647-73	92			
	Nan	ne of Contact Person	Area Code	Day	rtime Telephone Nu	пирег		
E F	MAILING ADDRES Division of Corporari Registration Section P.O. Box 6327 Fallahassee, FL 3231	ons		Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding centive Center Circl see, FL 32301	e		
Enclosed :	is a check for the foll I \$125.00 Filing Fee	owing amount:  S130.00 Filing Fee & Certificate of Status	S155.00 Filing	g Fee &	☐ \$160.00 Filing of Status & Certif	Fee, Certi fied Copy	ficate	

1. .

## 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(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 naust include "Lini Liability Company," "L.L.C." or "LLC.")  2. Delaware  (Jurisdiction under the law of which foreign limited liability company is organized)  (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. 318 NW 23rd Street, Miami, FL 33127  (Street Address of Principal Office)  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Jay Chung  Office Address:  (City)  Registered agent's acceptance:    Miami	(Name of Fo	e Realty, LLC oreign Limited Lia	bility Company; must in	schide "Limited Liability Co	Manual H III T /	9 4r v @ 1	<u></u>	
Delaware  (Jurisdiction under the law of which foreign limited liability  (Date first transacted business in Florida, if prior to registration.)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  318 NW 23rd Street, Miami, FL 33127  (Street Address of Principal Office)  (Street Address of Principal Office)  (Sala  (Malling Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Jay Chung  Office Address:  Miami  (City)  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 pictor complywith the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familiar was accept the obligations of my position as registered agent.  (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Moishe Mana, Member  15 COLES ST., JERSEY CITY,								
Ourisdiction under the law of which foreign limited liability (FEI number, if applicable)  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. 318 NW 23rd Street, Miami, FL 33127  (Street Address of Principal Office)  (Street Address of Principal Office)  (Mailing Address)  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Jay Chung  Office Address: 318 NW 23rd Street  Miami , Florida 33127  (City) , Florida 33127  (Zip code)	· · · · · ·	alternate name add C," or "LLC.")	opted for the purpose of	transacting business in Flor	ida. The alternate	name must	include "	Limite
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. 318 NW 23rd Street, Miami, FL 33127  (Street Address of Principal Office)  (Street Address)  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Jay Chung  Office Address:  Miami  (City)  Registered agent's acceptance:  (City)  Registered agent and to accept service of process for the above stated limited liability company at the pidesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to complywith the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familiar was accept the obligations of my position as registered agent.  (Registered agent's signature)  R. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Moishe Mana, Member				3. Applied				
Upon filing  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F. S. to determine penalty liability)  318 NW 23rd Street, Miami, FL 33127  (Street Address of Principal Office)  (Malling Address)  (Malling Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Jay Chung  Office Address:  Miami  (City)  (C	company is organized)	w of which foreign	limited liability	(FEI a	number, if applica	ble)		<del></del>
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(Mailing Address)  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Jay Chung  Office Address: 318 NW 23rd Street  Miami , Florida 33127 (Zip code)  (City) , Florida 33127 (Zip code)  Having been named as registered agent and to accept service of process for the above stated limited liability company at the pilesignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent.  (Registered agent's signature)  3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Moishe Mana, Member  15 COLES ST., JERSEY CITY,	5. 318 NW 23rd Street,	Miami, FL 3312	7	5, r.3. to determine penalty	liability)			
(Mailing Address)  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Jay Chung  Office Address: 318 NW 23rd Street  Miami , Florida 33127 (Zip code)  (City) , Florida 33127 (Zip code)  Having been named as registered agent and to accept service of process for the above stated limited liability company at the picesignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar we accept the obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/nave authority to manage is/are:  Moishe Mana, Member  15 COLES ST., JERSEY CITY,		·				<del></del>		
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Name: Jay Chung  Office Address: 318 NW 23rd Street  Miami , Florida 33127 (Zip code)  Registered agent's acceptance: (City)  (City) (Zip code)  Having been named as registered agent and to accept service of process for the above stated limited liability company at the pic complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar we coept the obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  (In the name is to be company and address of the person(s) who has/have authority to manage is/are:	6. <u>sava</u>							
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "1901 NW 1ST AVENUE 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 TWENTY-SEVENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1901 NW 1ST

AVENUE REALTY, LLC" WAS FORMED ON THE TWENTIETH DAY OF JULY, A.D.
2020.

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

Authentication: 203355076

Date: 07-27-20