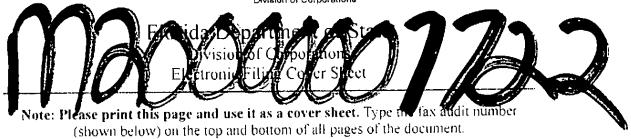
Division of Corporations



(((H20000307362 3)))



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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023

Phone : (614)280-3338

Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

Email A	ddress	:
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## Foreign Limited Liability Company TITH AVE OPCO LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

1 dJ3 Help

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

11TH AVE OPCO LLC			<del></del>		
(Name of Foreign)	innied Liability Company, must include 'Limit	Triability Company,""LT C ," or "TTC" is			
	ame adopted for the purpose of transacting furtiness or	contact the alternate name much makede "I rainted Lish	oles Company 271, L.C, 5 or 113 C 13		
	wing adopted for the barbase or nanegering manness or	SERVE THE AUCTUAL SHARE INC. AND			
NEW YORK	nich fereign limited liability company is organized)	3. (FC) rumber	, if applicable)		
(Junisdiction under the law of wh	ach Ecsella funited affinité combant le oction seat				
	(Date that transacted bitsmess in Flanda, if prior t (Sec seudous 605 (904 & 605 0905), U.S. to deter	registration ) ine penalty hability)			
2392 NOSTRAND AV		2392 NOSTRAND AVE			
em Address of Principal (1862)		6. (Mailing 4 diress)			
BROOKLYN, NEW Y	ORK 11210	BROOKLYN, NEW YORK 11210			
	<del></del>				
		<del></del> -			
Name and street address	ss of Florida registered agent: (P.O. Bo	c <u>NOT</u> acceptable)			
Name and street addres		c <u>NOT</u> acceptable)			
Name and street address Name:	ss of Florida registered agent: (P.O. Bo MELAND BUDWICK, P.A.	x <u>NOT</u> acceptable)	The same		
		<del></del>	TO T		
	MELAND BUDWICK, P.A.	<del></del>			
Name:	MELAND BUDWICK, P.A.	<del></del>			
Name:	MELAND BUDWICK, P.A.  200 S. BISCAYNE BLVD., SUITE	200 33131 /			
Name: Office Address:	MELAND BUDWICK, P.A.  200 S. BISCAYNE BLVD., SUITE  MIAMI (Coy)	200 33131 / Florida (/sp.costo) (			
Name: Office Address: egistered agent's acceptaving been named as to	MELAND BUDWICK, P.A.  200 S. BISCAYNE BLVD., SUITE  MIAMI  (Coy)  Stance:  registered agent and to accept vervice of the appointment	2000  Florida  Florida  (Ap code)  process for the above stated limited to registered agent and agree to act it	n inimpupulati, i jurioti t		
Name: Office Address: egistered agent's accel laving been named as to esignated in this applica	MELAND BUDWICK, P.A.  200 S. BISCAYNE BLVD., SUITE  MIAMI  (Coy)  Stance: egistered agent and to accept service of the appointment of the properties of the	2000  Florida  Florida  (Ap code)  process for the above stated limited to registered agent and agree to act it	n inimpulation, i juintier e		
Name: Office Address: Legistered agent's acceptaving been named as to estimated in this application of comply with the provis	MELAND BUDWICK, P.A.  200 S. BISCAYNE BLVD., SUITE  MIAMI  (Coy)  Stance:  registered agent and to accept vervice of the appointment	2000  Florida  Florida  (Ap code)  process for the above stated limited to registered agent and agree to act it	n inimpupulati, i jurioti t		

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:	Title or Capacity	<u>:</u>	Name and Address:
√Manager	Name: TERRENCE DANCYKIER	∐ Manager	Name:	
⊆Member	Address: 17 Weston PL LAWRENCE NY 11559	□Member	Address:	
△Authorized		☐ Authorized	<del></del>	
Person		Person		
_Other		□Other		T Other
[]Manager	Name:	∐ Manager	Name:	
□Member	Address:	∐ Member	Address:	
□ Authorized		- Authorized		
Person		Person		
Other	_ Other	Other		Other
□Manager	Name:	☐ Manager	Name:	
□ Member	Address:	☐Member	Address:	
□Authorized		□ Authorized		
Person		Person		
_Other	T ()ther	_lOther	<del></del>	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.



## State of New York **Department of State**

I hereby certify, that 11TH AVE OPCO LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/12/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department.

I further certify, that no other documents have been filed by such Limited Liability Company.



202009030442 · SX

Witness my hand and the official seal of the Department of State at the City of Albany, this 02nd day of September two thousand and twenty.

Brendan C. Hughes Executive Deputy Secretary of State

Braden C. Hylan