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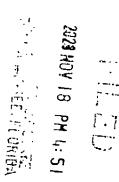
| (Requestor's Name) | _ | | | |
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| PICK-UP WAIT MAI | L | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | _ | | | |
| Special Instructions to Filing Officer: | | | | |
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LAW OFFICES OF WILLIAM ZEV ROTHSCHILD

ATTORNEY AT LAW

4201 ROUTE 9, HOWELL, NEW JERSEY 07731 (732) 867-7888

ZEV ROTHSCHILD, ESQ. ZEV@WZRLAW.COM

October 29, 2020

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

Re: 7470 SAN SEBASTIAN LLC & 7818 VILLA NOVA LLC

To whom it may concern:

Please see attached Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the following two (2) entities

- 7470 SAN SEBASTIAN LLC and
- 7818 VILLA NOVA LLC

Enclosed is a copy of the applications, check in the amount of \$250 ($$125 \times 2$) and copies of good standing certificates.

If you have any questions please reach out to me.

Thanks,

Zev Rothschild, Esq.

COVER LETTER

| | stration Section sion of Corporations | | |
|--|---|--|---|
| SUBJECT: | 7818 Villa Nova LLC | | |
| _ | Nam | e of Limited Liability Company | |
| The enclosed 'Existence, and | "Application by Foreign Limited Liability check are submitted to register the above | Company for Authorization to Transact Business in Floreferenced foreign limited liability company to transac | orida," Certificate of t business in Florida |
| Please return a | all correspondence concerning this matter t | o the following: | |
| | Zev Rothschild, Esq. | | |
| | | Name of Person | |
| | Zev Rothschild, Esq. | | |
| | | Firm/Company | |
| | 4201 Route 9 | a , | 2023 NOV 18 |
| | - | Address J | |
| | Howell, NJ 07731 | | |
| | C zrothschild@autumnhc.net | ity/State and Zip Code | - P |
| | E-mail address: (to be | used for future annual report notification) | |
| For further info | ormation concerning this matter, please cal | l: | |
| Zev R | Rothschild, Esq. | 732 358-6883 | |
| | Name of Contact Person | Area Code Daytime Telephone Numl | ber |
| 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 | |
| Enclos Please | sed is a check for the following amount: make check payable to: FLORIDA DEP. | Tallahassee, FL 32303 ARTMENT OF STATE | |
| □∕ \$12 | 25.00 Filing Fee \$130.00 Filing Fee Certificate o | e & □ \$155.00 Filing Fee & □ \$160.00 Filing | Fee, Certificate : Certified Copy |

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Foreign | Limited Liability Company; must include "Limite | d Liabili | y Company," "L.L.C.," or " | T.LC.") | | |
|-------------------------------------|--|-------------|--|-----------------------|---------------|---------------|
| 7818 Villa Nova Realty | LLC name adopted for the purpose of transacting business in F |) 'I TL | 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 | | | |
| New Jersey | name adopted for the piurpose of transacting dusiness in F | lorida ihe | allemate name must include "I | amited Luability Com | pany," "L.L.(| C," or "LLC." |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | 3. | | FEI number, if applie | able) | |
| 4. | | | | | | |
| <u> </u> | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ | registratio | n) liability) | <u>स्य</u> | 2623 | |
| 4201 Route 9 5. | | 6. | 4201 Route 9 | | 7873 NOV | • - |
| Street Address of Principal Office) | | U. | (Mailing Address) | | | |
| Howell, NJ 07731 | | | Howell, NJ 07731 | 113 | 8 P | 1 |
| | | | | <u>.</u> | | |
| | | | | - Caralla | ្ត ហ | |
| 7. Name and street addres | s of Florida registered agent: (P.O. Box | NOT | acceptable) | , | | |
| | | | | | | |
| Name: | Corporation Service Company | | | | | |
| Office Address: | 1201 Hays Street | | | | | |
| | Tallahassee | | , Florida_3230 | 01 | | |

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.

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: | Name and Address: |
|--------------------|----------------------------|--------------------|-------------------|
| ■Manager | Name: Arych Stern | □Manager | Name: |
| □Member | Address: 4201 Route 9 | □Member | Address: |
| □Authorized | Howell, NJ 07731 | □Authorized | |
| Person | | Person | |
| □Other | Other | Other | |
| □Manager | Name: Zev Rothschild, Esq. | □Manager | Name: |
| □Member | Address: 4201 Route 9 | □Member | Address: |
| ■Authorized | Howell, NJ 07731 | □Authorized | |
| Person | | Person | - CO |
| □Other | Other | Other | |
| | | | स्ताः <u>ज</u> |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| Other | Other | □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
Zev Rothschild, Esq.

Typed or printed name of signee

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

7818 VILLA NOVA LLC 0450545461

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 September 22, 2020.

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:

ARYEH STERN 4201 RT 9 HOWELL, NJ 07731

ASSERTING TO STATE OF THE CREAT STATE OF THE CREAT STATE OF THE STATE

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 9th day of November, 2020

Sluper Men

Elizabeth Maher Muoio

State Treasurer

Certificate Number: 6112709009

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp