Division of Corporations

Abried Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILE RIGHT LLC
Account Number : 120170000091
Phone : (718)878-5811

Fax Number : (718) 732-4580

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

sales@fileacorp.com

## Foreign Limited Liability Company OAKMONT 188 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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	COVER LETTER
TO: Registration of	n Section Corporations
OAKA SUBJECT:	ONT 188 LLC
	Name of Limited Liability Company
The enclosed "Appli Existence, and check	ication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of dare submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all con	respondence concerning this matter to the following:
	Name of Person
F	ILE RIGHT LLC
<del>-</del>	Firm/Company
5:	3 4 16TH AVENUE, SUITE 139
<del></del>	Address
В	ROOOKLYN, NY 11204
<del></del>	City/State and Zip Code
rac	hel@fileacorp.com
	E-mail address: (to be used for future annual report notification)
For further informat	tion concerning this matter, please call:
Rachel	718 878-5811 (3)
	Name of Contact Person Area Code Daytime Telephone Number
Mailine A	ddress: Street Address:
<b>—</b>	ddress:  ion Section  Registration Section  of Corporations  Division of Corporations
	of Corporations Division of Corporations
P.O. Box	
Tallahass	see FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is	s a check for the following amount: se check payable to: FLORIDA DEPARTMENT OF STATE
	Filing Fee \$\Box\text{S130.00 Filing Fee & B155.00 Filing Fee & B160.00 Filing Fee, Certificate Copy of Status & Certified Copy

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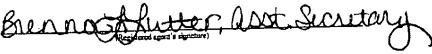
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 606.0902, FLORIDA STATUTES THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

OAKMONT 188 LLC			
(Name of Foreign L	imited Liability Company, must include Limited Liabi	lity Company, LLC., or LLC.	
		to any include "Limited Liability Commany." "La	LC, a LL
name imaveilable, enter alleresse m	one adopted for the purpose of transacting business or Florida.	he attemate name must include "Limited Liability Company." "L.	
DELAWARE		3. (Ftil number, if applicable)	
(Jurisdiction under the law of wh	nich foreign limited limbility company is organized)	(Fish number, if applicable)	
<u> </u>	Charles and Language in Florida if poor to register	Hora.)	
	(Date first immancted business in Florida, if prior to registre (See accritors 605,0904 & 605,0905, F.S. to determine per		
581 N FRANKLIN TU	JRNPIKE	581 N FRANKLIN TURNPIKE 6.	
set Address of Principal Office)		(Meiling Address)	
RAMSEY, NJ 07446		RAMSEY, NJ 07446	
	· · · · · · · · · · · · · · · · · · ·		
Name and street addres	ss of Florida registered agent: (P.O. Box NC	oT_acceptable)	2290 N
Name:	BUSINESS FILINGS INCORPORATED		7.3
Office Address:	1200 SOUTH PINE ISLAND ROAD	<del></del>	
	PLANTATION	33326 Florida	
	(Cly)	(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 Having been named as registered agent and agree to act in this capacity. I further agree 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.



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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:  Manager  Member  Authorized  Person	Name and Address: ISRAEL KATZ Name:  581 N FRANKLIN TPKE RAMSEY, NJ 07446	Title or Capacity:  ☐Manager  ☐Member  ☐Authorized  Person	Name:	Name and Address:
Other	Other	□Other		Other
☐Малаger	Name:	□Manager	Name:	_
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	<del></del>	
Person	<u> </u>	Person		
Other	Other	□ Other	<del></del>	□Other
□Manager	Name:	□Manager	Name:	· · · · · · · · · · · · · · · · · · ·
□Member	Address:	□Member	Address:	
□Authorized		☐ Authorized		<del> </del>
Person		Person		`)
□Other	Other	□Other	<del></del> -	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.

	/s/	Israel	Katz	
)			Signature of an authorized person	· · · · · · · ·
ISRAEL	KATZ			
			Typed or printed name of signee	

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## <u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OARMONT 188 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 THIRTIETH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARMONT 188 LLC"
WAS FORMED ON THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2020.

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

30 --

4187202 830¢

SR# 20208511990

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204183282

Date: 11-30-20