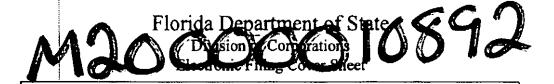
Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILE RIGHT LLC Account Number : I20170000091 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.\*\*

Email Address:

sales@fileacorp.com

## Foreign Limited Liability Company TAMPA 1011 LLC

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

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DEC - 1 2020

K. Brumbley

			COVER LETTER
TO:	Registration		
	Division of C	orporations	
SUBJEC	TAMPA	1011 LLC	
COBSE		Name	of Limited Liability Company
The encl Existenc	osed "Applica c, and check a	tion by Foreign Limited Liability C re submitted to register the above n	Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida.
Please re	turn all corres	pondence concerning this matter to	the following:
			Name of Person
			Name of Person
	FILI	RIGHT LLC	
			Firm/Company
	631.	1/TH AI/THE OLUTE 120	
	2314	16TH AVENUE, SUITE 139	
			Address
	BRC	) OOKLYN, NY 11204 	
		Ci	ty/State and Zip Code
	rachel	l @fileacorp.com	
		E-mail address: (to be	used for future annual report notification)
For furth	er information	concerning this matter, please call	:
	Rachel		718 878-581)
		Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Add	ess:	Street Address:
	Registration	Section	Registration Section
		Corporations	Division of Corporations
	P.O. Box 63		The Centre of Tallahassee
	Tallahassee	FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
		check for the following amount:	
		beck payable to: FLORIDA DEP	
	<b>≣ \$</b> 125,00 Fi	ling Fee S130.00 Filing Fee Certificate of	

## 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

Registered agent's acceptance:

**PLANTATION** 

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.

(City)

Brenot Sutter asst Secretary

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:	□Manager	Name:	
□Member .	Address: 581 N FRANKLIN TPKE	□Member	Address:	· · · · · · · · · · · · · · · · · · ·
□Authorized	RAMSEY, NJ 07446	□Authorized		
Person .		Person		
□Other	Other	□Other	<del></del>	Other
□Manager i	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	<del></del> -	
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.

/s/	Israel	Katz	
		Signature of an authorized person	
ISRAEL KATZ			
		Typed or printed name of signec	

## **Delaware**

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TAMPA 1011 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 "TAMPA 1011 LLC"
WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2020.

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

4156358 8300 SR# 20208511840

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

Aeritray W. Districts, Sourcelary of States

Authentication: 204183131

Date: 11-30-20