## M2100001493

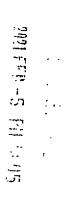
(Req	uestor's Name)	
(Add	ress)	
	ress)	
(City)	/State/Zip/Phon	e #)
PIÇK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



400359683344

92/08/21--01003--003 \*\*310.00



2021 FEB -5 PM 1: 06

AFFROYED FILED

· Brambles

### **CORPORATE**

#### When you need ACCESS to the world

ACCESS,
---------

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WA	ALK IN		
	PICE	K UP:	02/05/2021		
xx	CERTIFIED COPY				
	РНОТОСОРУ			·	
	CUS				
XX	FILING	LLC			
	SPRING OAKS REA (CORPORATE NAME AND DOCUM		RTY, LLC		
	(CORPORATE NAME AND DOCUM				
	(CORPORATE NAME AND DOCUM				
	(CORPORATE NAME AND DOCUM				
	(CORPORATE NAME AND DOCUM	AENT #)			_
	(CORPORATE NAME AND DOCUM	MENT #)			<u></u>
ECIAI STRU	L CTIONS:			_	

#### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJEC	Spring Oa	ks Real Property, LLC
50002		of Limited Liability Company
		ompany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida.
Please re	eturn all correspondence concerning this matter to	the following:
	Loui	is J. Marasco, Jr.
		Name of Person
	c/o Olshan F	rome Wolosky LLP
	C/O OBIIdit i	Firm/Company
	1225 A	Abo Americas 1546 Floor
	1325 Avenue of	the Americas, 15th Floor Address
	<b>.</b>	V   NV 10010
		York, NY 10019  y/State and Zip Code
		·
		w@newtonvet.com  used for future annual report notification)
		·
For furth	ner information concerning this matter, please call:	
	Louis J. Marasco, Jr.	at( 212 ) 451-2340
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
	Enclosed is a check for the following amount:	
	Please make check payable to: FLORIDA DEPA	RTMENT OF STATE
	□ \$125.00 Filing Fee □ \$130.00 Filing Fee	
	Certificate of	Status Certified Copy of Status & Certified Copy

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

_	name adopted for the purpose of transacting business in F		
	Delaware  which foreign limited liability company is organized)	3. <b>86-190324</b>	umber, il applicable)
	The state of the s	(1 23	amoet, if application /
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration ) nice penalty liability)	<del></del>
152 McGreated Address of Principal Office	egor Road	6. 41 Green Ro	ad
(Address of Principal Office)	<u>ogo, koaa</u>	(Mailing Address)	<u> </u>
Deland E	I: 22720		
	INFINA 37770	Snarta NIO	7971
	<u>lorida 32720</u>	Sparta, NJ 07	7871
	<u>IOFIGA 32720</u>	Sparta, NJ 07	7871
	<u>IOFICIA 32720</u>	Sparta, NJ 07	7871
	ss of Florida registered agent: (P.O. Box		
Same and <u>street addre</u>	ss of Florida registered agent: (P.O. Box		7871 2021 FEB
Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box  NRAI Services, Inc.	( <u>NOT</u> acceptable)	2021 FEB - 5
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	( <u>NOT</u> acceptable)	
Name and <u>street addre</u> Name:	SS of Florida registered agent: (P.O. Box NRAI Services, Inc. 1200 South Pine Is	NOT acceptable)	2021 FEB -5 PH 1: 0
Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box  NRAI Services, Inc.	( <u>NOT</u> acceptable)	2021 FEB -5 PH 1: 06
Name and <u>street addre</u> Name: Office Address:	SS of Florida registered agent: (P.O. Box  NRAI Services, Inc.  1200 South Pine Is  Plantation	NOT acceptable)  Iand Road  Florida 3332	2021 FEB -5 PH 1: 06
Name and street addre  Name:  Office Address:	NRAI Services, Inc.  1200 South Pine Is  Plantation  (City)	(NOT acceptable)  Iand Road  Florida 3332 (Zip code	2021 FEB -5 PH 1: 06
Name and <u>street addre</u> Name:  Office Address:  istered agent's accepting been named as regulated in this applica	SS of Florida registered agent: (P.O. Box  NRAI Services, Inc.  1200 South Pine Is  Plantation	Iand Road  Florida 3332  (Zip code process for the above stated limite is registered agent and agree to accept the state of the above the agree to accept the agent and agree to accept the agent agent agree to accept the agent agent agree to accept the agent	2021 FEB -5 PH 1: 06  Pd liability company at the place in this capacity. I further a

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: Name: Adam Ainspan Name: Jay Margolis □Manager Address: 13303 Balmoral Member **M**ember ■ Address: \_\_\_\_\_ 13770 Henry Pond Court Greens Avenue X Authorized **X** Authorized Chantilly, VA 20151 Clifton, VA 20124 Person Person □Other\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ Name: Donald Costlow Name: Brett Shorenstein □Manager □Manager Address: 104 West 70th St. Member **¥**Member Address: \_\_\_\_ 41 Green Road Apt. 6G XAuthorized **∑**Authorized New York, NY 10023 Sparta, NJ 07871 Person Person XOther Chief Executive Officer ☐Other ☐ □Other \_\_\_\_\_\_ □Other\_\_\_\_ □Manager Name: \_\_\_\_\_ Name: □Manager □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. 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.

Donald Costlow
Typed or printed name of signee

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SPRING OAKS REAL PROPERTY, 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 FIFTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPRING OAKS REAL PROPERTY, LLC" WAS FORMED ON THE FOURTH DAY OF FEBRUARY, A.D. 2021.

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

Authentication: 202451158

Date: 02-05-21