

M210000000086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

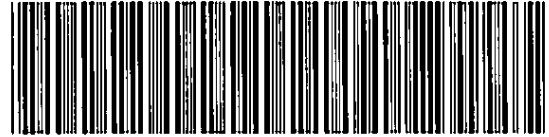
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Foreign

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TALLAHASSEE, FL

1. FEM 34th Street North LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FEM 34th Street North LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Attn: Maddie Decker

Name of Person

CPI Fund Manager LLC

Firm/Company

195 North Street, Suite 100

Address

Teterboro NJ 07608

City/State and Zip Code

mdecker@cpifunds.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Mark Tipperman

541

963-5214

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

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
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & 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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FEM 34th Street North LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o CPI Fund Manager LLC
(Street Address of Principal Office)

195 North Street, Suite 100

Teterboro NJ 07608

6. c/o CPI Fund Manager LLC
(Mailing Address)

195 North Street, Suite 100

Teterboro NJ 07608

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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Resident Agent Solutions, Inc.

Office Address: 155 Office Plaza Drive, Suite A

Tallahassee, Florida 32301
(City) (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 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.



Adam Saldana, Asst. Secretary

(Registered agent's signature)

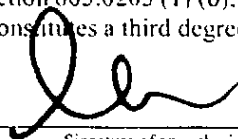
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Peter O. Hanson</u>	<input type="checkbox"/> Manager	Name: <u>Stuart Alpert</u>
<input type="checkbox"/> Member	Address: <u>SPC Associates, L.L.C.</u>	<input type="checkbox"/> Member	Address: <u>c/o Keller Realty</u>
<input type="checkbox"/> Authorized	<u>195 North Street, Suite 100</u>	<input type="checkbox"/> Authorized	<u>90 Main Street</u>
Person	<u>Teterboro NJ 07608</u>	Person	<u>Hackensack NJ 07601</u>
Manager of Manager of Sole Member		Manager of Manager of Sole Member	
<input checked="" type="checkbox"/> Other	<u></u>	<input checked="" type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>William C. Hanson</u>	<input type="checkbox"/> Manager	Name: <u>Michael M. Hanson</u>
<input type="checkbox"/> Member	Address: <u>SPC Associates, L.L.C.</u>	<input type="checkbox"/> Member	Address: <u>CPI Fund Manager LLC</u>
<input type="checkbox"/> Authorized	<u>195 North Street, Suite 100</u>	<input type="checkbox"/> Authorized	<u>195 North Street, Suite 100</u>
Person	<u>Teterboro NJ 07608</u>	Person	<u>Teterboro NJ 07608</u>
Manager of Manager of Sole Member		Authorized Signer of Manager of Sole Member	
<input checked="" type="checkbox"/> Other	<u></u>	<input checked="" type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Hal B. Messer</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u>CPI Fund Manager LLC</u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u>195 North Street, Suite 100</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u>Teterboro NJ 07608</u>	Person	<u></u>
Authorized Signer of Manager of Sole Member			
<input checked="" type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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

Mark Tipperman

Typed or printed name of signer

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FEM 34TH STREET NORTH 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 EIGHTEENTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FEM 34TH STREET NORTH LLC" WAS FORMED ON THE TWENTIETH DAY OF JANUARY, A.D. 2021.

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


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SECRETARY OF STATE
DELAWARE



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SR# 20210516954

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202542686

Date: 02-18-21