2021-04-02 18:29:13 GMT

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From: Vcorp Services, LLC Page 1 of 2



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Foreign Limited Liability Company Gateway Associates LLC

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

18886118813

	1.11	CKIDA	, (14	
	THON 605.0902, FLORIDA STATUTES, THE F SINESS IN THE STATE OF FLORIDA:	OLLOWING	G IS SUBMITTED TO REGIST.	ERA FOREIGN LIMITED, LIABILITY
Gateway Associates LI (Name of Foreign	LC Limited Liability Company: must include "Limite	ed Liability (Tompany." "L.L.C.," or "L.L.C.")	
Gateway Associates FL. I	LLC			
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Floring	orida The alter	mate name must include "Limited Lial	bility Company," "L.L.C." or "LLC.")
2. Delaware		3		
(Jurisdiction under the law of w	nich foreign limited liability company is organized)		(FE) mumb	Nr. if applicable)
4.				
	(Date first transacted business in Florida, if prior to (See sections 603-0904 & 605-0905, F.S. to determ	registration) tine penalty lia	bility)	
5. 270 West 39th Street,	Suite 1100	6. 2	270 West 39th Street, Suite	:1100 = = =
(Street Address of I New York, NY 10018	Principal Office)	_	(Mailing Adda New York, NY 10018	(m) F(f) PR
new fork, NY 10018			NEW FUIK, NT 10016	
· · · · · · · · · · · · · · · · · · ·		_		
7. 30		· NOT ···	ar maran la la s	PM 2: 09
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>ivO1</u> ac	(серавне)	2:1
Name:	Veorp Services, LLC			7. J.
Office Address:	5011 South State Road 7, Suite 106			•
	Davie	_	, Florida <u>33314</u> (Zip cod	
to comply with the provis-	tion, I hereby accept the appointment of ions of all statutes relative to the proper s of my position as registered agent.	ns register r and com lvanctor	ea agent and agree to act plete performance of my (7	in inis capacity. 1 juriner agree duties, and I am familiar with
	all and a second and a second	72		
	(Registered agent's	signature)		
8. The name, title or caps <u>Title or Capacity:</u>	acity and address of the person(s) who h Name and Address:		ithority to manage is/are; le or Capacity;	Name and Address:
Manager	Elias Marcovici			
	270 West 39th Street, Suite 1 New York, NY 10018	<u> </u>		
		_		
(Use attachments if neces	ssary)			
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old of which it is organized. (If the certifical ubmitted)	, duly auth te is in a f	enticated by the official has oreign language, a translat	iving custody of records in the tion of the certificate under oath
10. This document is exec submitted in a document t	euted in accordance with section 605.020 or the Department of State constitutes a the)3 (1) (b), hird degree	Florida Statutes, I am awar e felony as provided for in	re that any talse information s.817.155, F.S.
	Signatur	re of an authori	zed person	
	•			
	Elias Marcovici			
	Typed (or printed name	e of signee	_



Page 1

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

DELAWARE, DO HEREBY CERTIFY "GATEWAY ASSOCIATES 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 SECOND DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GATEWAY ASSOCIATES LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2018.

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

at corn delaware gov/auth

Authentication: 202883314

Date: 04-02-21