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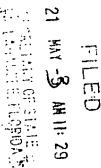
| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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12/0/31

COVER LETTER

To: Registration Section
Division of Corporations

AGILITY REAL ESTATE LLC

| Nam | e of Limited Liability Company | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| The enclosed "Application by Foreign Limited Liability Existence, and check are submitted to register the above | Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida. | | |
| Please return all correspondence concerning this matter t | to the following: | | |
| Gerardo Martinez | | | |
| | Name of Person | | |
| AGILITY REAL ESTATE LLC | | | |
| | Firm/Company | | |
| 2831 Spruce Street | | | |
| | Address | | |
| Union, NJ, 07083 | | | |
| | City/State and Zip Code | | |
| agilityrealestate@gmail.com | | | |
| E-mail address: (to be | e used for future annual report notification) | | |
| for further information concerning this matter, please ca | II: | | |
| Gerardo Martinez | at () Area Code Daytime Telephone Number | | |
| Name of Contact Person | Area Code Daytime Telephone Number | | |
| Mailing Address: | Street Address: | | |
| Registration Section Division of Corporations | Registration Section 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 DEI \$\Boxed{1}\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$ | | | |



April 10, 2021

GERARDO MARTINEZ 2831 SPRUCE ST UNION, NJ 07083

SUBJECT: AGILITY REAL ESTATE LLC

Ref. Number: W21000048232

We have received your document for AGILITY REAL ESTATE LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 421A00007426

RFCEIVED

MAY 0 3 2021

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

IN COMPLENCE WITH SECTION 665.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Foreign | Limited Liability Company; must include "Limite | d Liability Company," "L.L.C.," or "U | .C") | |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------|--|
| (If name imavailable, enter alternate | name adopted for the purpose of transacting business in Fi | londa. The alternate name must include "Lim | nted Liability Company," "L L C," or "LLC | |
| New Jersey | | 86-1348269 | | |
| 2. Durisdiction under the law of which foreign limited liability company is org | | gamzed) (FEI number, if applicable) | | |
| 4. | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine | registration.) ine penalty liability) | | |
| 2831 Spruce Street | | 2831 Spruce Street 6. | | |
| 5. Street Address of Principal Office) | | 6. (Mailing Address) | | |
| Union, NJ 07083 | | Union NJ 07083 | | |
| | | | ¥3. 2 | |
| 7. Name and street addre | ss of Florida registered agent: (P.O. Box | NOT acceptable) | W W | |
| Name: | Franklin Isaac Diaz | | | |
| Office Address: | 4117 Forest Drive | | 29 DA | |
| | Weston | 33332 , Florida | | |
| | (City) | (Zip c | nde) | |

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.

(Registered aport'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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Gerardo Martinez □Manager Name: _____ ■Manager 2831 Spruce Street Address: □Member Address: ■Member Union, NJ 07083 □ Authorized Authorized Person Person □Other_____ []Other____ ☐Other ____ ___ □Other Name: _____ Name: □ Manager □Manager Address: □Member ☐ Member Address: _____ □ Authorized ☐ Authorized Person Person □Other_____ □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. Signature of an authorized person

Typed or printed name of signee

Gerardo Martinez

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

AGILITY REAL ESTATE LLC 0450588295

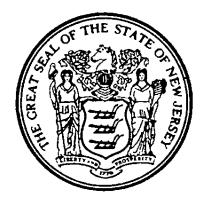
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 11, 2021.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

GERARDO MARTINEZ 2831 SPRUCE STREET UNION, NJ 07083





IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 22nd day of April, 2021

Elizabeth Maher Muoio State Treasurer

den A Mu

Certificate Number: 6118231018

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp