

MAI050007235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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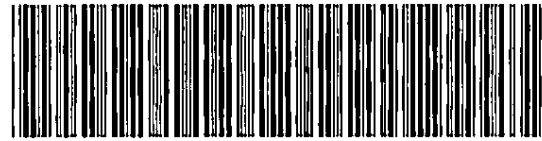
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MORRIS LAW GROUP

Wealth Preservation Attorneys

Stuart R. Morris, Esq., C.P.A., B.C.S.
Board Certified: Wills, Trusts & Estates
Admitted in Florida & District of Columbia
SMorris@Law-Morris.com

Gregory S. Bloshinsky, Esq., B.C.S.
Board Certified: Wills, Trusts & Estate
Admitted in Florida
GBloshinsky@Law-Morris.com

Michael S. Gross, Esq., LL.M., B.C.S.
Board Certified: Wills, Trusts & Estates
Admitted in Florida & Maryland
MGross@Law-Morris.com

Gessimbergue S. Monteiro Jr. Esq., LL.M.
Admitted in Florida and Brazil
GMonteiro@Law-Morris.com

7284 West Palmetto Park Road
Suite 101

Boca Raton, Florida 33433
Telephone: 561-750-3850
Fax: 561-750-4069
E-Mail: Info@Law-Morris.com
Website: www.Law-Morris.com

Practicing Exclusively In:

Estate & Gift Tax Planning
Asset Preservation Planning
Wills & Trusts
Business Structuring &
Succession
Domestic & International Tax Planning
Probate & Trust Administration
Special Needs Planning

May 21, 2021

Via FedEx #773793624440

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: NSD Realty, LLC
Our File No. 22708.034

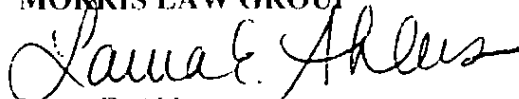
To Whom It May Concern:

Enclosed please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, along with the certified copy of the Certificate of Good Standing and our firm's check in the amount of \$155.00.

Kindly return the certified copy via the enclosed FedEx envelope and label.

Thank you and should you have any questions in this regard, please do not hesitate to contact me.

Sincerely,
MORRIS LAW GROUP



Laura E. Ahlers
Paralegal
Enclosures

P:\22708.034\ltr to FL re filing 1-d business-NSD Realty LLC.docx

ADDITIONAL OFFICES:

Aventura: 20801 Biscayne Boulevard, Suite 304, Aventura, FL 33180 • 305-682-8330

West Palm Beach: 777 South Flagler Drive, West Tower, Suite 800, West Palm Beach, FL 33401 • 561-805-9533

West Palm Beach: 2700 South Congress Parkway, Suite 100, West Palm Beach, FL 33411 • 561-726-1211

**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. NSD REALTY, 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. 800 W YAMATO ROAD, STE 100
(Street Address of Principal Office)

6. 800 W YAMATO ROAD
(Mailing Address)

SUITE 100

SUITE 100

BOCA RATON, FL 33431

BOCA RATON, FL 33431

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

Name: MLG SERVICES, LLC

Office Address: 7284 W PALMETTO PARK ROAD, STE 101

BOCA RATON, Florida 33433
(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.

(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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: MIKE WIENER

☐ Member Address: 800 W YAMATO ROAD

☐ Authorized SUITE 100

Person BOCA RATON, FL 33431

☒ Other PRESIDENT ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: ANDREW SMITH

☐ Member Address: 800 W YAMATO ROAD

☐ Authorized SUITE 101

Person BOCA RATON, FL 33431

☒ Other TREASURER ☐ Other

☐ Manager Name: RICHARD M. SOTHEN

☐ Member Address: 800 W YAMATO ROAD

☐ Authorized SUITE 100

Person BOCA RATON, FL 33431

☒ Other VICE/PRESIDE ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name: LAUREN SMITH

☐ Member Address: 800 W YAMATO ROAD

☐ Authorized SUITE 101

Person BOCA RATON, FL 33431

☒ Other SECRETARY ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ 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 5.817.155, F.S.

Signature of an authorized person

STUART R. MORRIS, ESQ., AUTHORIZED PERSON

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NSD REALTY, 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 SEVENTEENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NSD REALTY, LLC" WAS FORMED ON THE THIRTEENTH DAY OF MAY, A.D. 2021.

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



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

5918595 8300

SR# 20211816396

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

Authentication: 203224571

Date: 05-17-21