

M21 000007894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

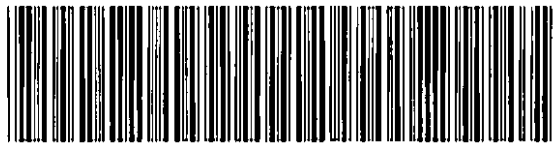
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200368195382

FILED

2021 JUN 22 PM 12:34

CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

2021 JUN 22 PM 4:11

CLERK OF STATE
TALLAHASSEE, FLORIDA

JS



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 06/22/2021

Name: Eric Marciano

Reference #: 1406263

Entity Name: CSIM NONA PARK TITLE HOLDER LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$125.00

Signature: Eric Marciano

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CSIM Nona Park Title Holder 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:

Colleen Humes

Name of Person

Cogency Global Inc.

Firm/Company

850 New Burton Rd #201

Address

Dover, DE 19904

City/State and Zip Code

chumes@cogencyglobal.com

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

For further information concerning this matter, please call:

Colleen Humes

Name of Contact Person

518

Area Code

213.0848

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 B 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. CSIM Nona Park Title Holder 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FE number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.004 & 605.005, F.S. to determine penalty liability.)

5. 68 S. Service Rd., Suite 120 6. 68 S. Service Rd., Suite 120
(Street Address of Principal Office) (Mailing Address)

Melville, NY 11747

Melville, NY 11747

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

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.

Jonathan Beenick

(Registered agent's signature)

FILED
2021 JUN 22 PM 12:34
CLERK OF STATE
TALLAHASSEE, FL

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: Jill A. Matarese

☒ Member Address: 68 S. Service Rd., Suite 120

☐ Authorized Melville, NY 11747

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: John L. Fridlington

☒ Member Address: 68 S. Service Rd., Suite 120

☐ Authorized Melville, NY 11747

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Kevin J. Corrigan

☒ Member Address: 68 S. Service Rd., Suite 120

☐ Authorized Melville, NY 11747

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

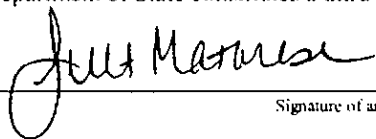
Person _____

☐ 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.

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. 17.155, F.S.



Signature of an authorized person

Jill A. Matarese, Vice President

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 "CSIM NONA PARK TITLE HOLDER 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 TWENTY-SECOND DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CSIM NONA PARK TITLE HOLDER LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2021.

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



6014960 8300

SR# 20212514964

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203502148

Date: 06-22-21