Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002447193)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845) 425-0077 Fax Number : (\$45) \$18-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company Kerem Apartments, LLC

Certificate of Status	0
Certified Copy	U
Page Count	03
Estimated Charge	S125.00

H210002447193

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

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. KEREM APARTMEN (Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company,""	LLC.," or "LLC.")		_
(if name unavailable, enter elternate	name adopted for the purpose of transacting business in F	lorida. The alternate name of	sust Include "Limited Liability C	Company," "L.L.C." or	
DELAWARE					
(Jurisdiction uncer 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 (See sections 605,0904 & 605,0905, F.S. to determ	ine peralty liability)			
3050 BISCAYNE BO	ULEVARD	3050 BISCAYNE HOULEVAL		7	•
5, (Street Address of Principal Office)	·	6. (Mailing Address)			L. . ~.:551
SUITE 503		SUITE 503		2021 Jun 4 c	ا آتا منحینہ سعبہ د
MIAMI, FL 33137		MIAMI, FL 33137			0 . D
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)			2 2 2
Name:	LAW OFFICES OF SCOTT A FRANK, PA				
Office Address:	3201 W COMMERCIAL STREET, SUITE 218				
	FORT LAUDERDALF.		33309 rida		
	(Ciry)		(Zip ende)		
designated in this applicate to comply with the provis	ntance: egistered agent and to accept service of juiton, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's	s registered agent a and complete perf	ind agree to act in this	capacity. I furt	her agree

To: 18506176383 ·

H210002447193

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:	Title or Capacit	<u>v:</u>	Name and Address:	
≅ Manager	Name: YONASAN GREENWALD	□Manager	Name:		
□Member	Address:	□Member	Address:		
□Authorized	SUITE 503	☐ Authorized			
Person	MIAMI, FL 33137	Person			
Other	Other	Other		ClOther	
□Manage:	Name:	□Manager	Name:		
□Member	Address:	[]Member	Address: _		
[]Authorized		□Authorized			
Person		Person		2 2	
[]Other	Other	□Other	<u></u>	Other N	
□ Manager	Name:	□Manager	Name:	PA COM	
[]Member	Address:	□Member	Address: _	Fig. 5	
□Authorized		□Authorized			
Person		Person			
□Other		□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 s.317.155, F.S.



SCOTT A. FRANK, DULY AUTHORIZED

Typed or printed name of signed

Fram: Vcorp Services, LLC

H21000244719 3

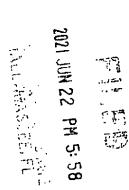


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KEREM APARTMENTS, 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 SIXTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KEREM APARTMENTS, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2021.

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



Authentication: 203464563

Date: 06-16-21

5999783 8300 SR# 20212470439