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(((H210002731553)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 : (845)425-0077 Phone

: (845)818-3588 Fax Number

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# Foreign Limited Liability Company KEREM NORTH BEACH APARTMENTS, LLC

Certificate of Status	0
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To: 18506176383

### H210002731553

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

18886118813

IN COMPLIANCE 19TH SECTION 605.0902, FT.ORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: KEREM NORTH BEACH APARTMENTS, LLC (Name of Foreign Limited Flability 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," "LLC," or "LLC.") Durisdiction under the law at which foreign limited liability company is organized) 3050 BISCAYNE BLVD 3050 BISCAYNE BLVD (Street Address of Principal Office) SUITE 503 SUITE 503 MIAMI, FL 33137 MIAMI, FL 33137 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) LAW OFFICES OF SCOTT A FRANK, PA Name: 3201 W. COMMERCIAL BLVD, SUITE 218 Office Address: FORT LAUDERDALE 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)

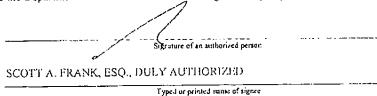
### H210002731553

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 Capacity	<u>v:</u>	Name and Address:
≣Manager	Name: KEREM APARTMENTS., LLC	□Manager	Name:	
□Member	3050 BISCAYNE BLVD	□Member	Address:	
□Authorized	SUITE 503	□Authorized		
Person	MIAMI, FL 33137	Person		
[]Other	Other	□Other		□Other
∐Manager	Name:	[]Manager	Name:	
∏Membei	Address:	□Member	Address: _	
□Authorized		□Authorized		
Person		Person		
O'her		□Other	·	Other 22
□Manager	Name:	[]Manager	Name:	
□Membei	Address:	□Member	Addiess:	<b>P</b> = 0
□Authorized		□Authorized		<u> </u>
Person		Person		<u> </u>
○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 \$,817,155, F.S.



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

DELAWARE, DO HEREBY CERTIFY "KEREM NORTH BEACH 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 JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KEREM NORTH BEACH APARTMENTS, LLC" WAS FORMED ON THE SIXTH DAY OF JULY, A.D. 2021.

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



6060275 8300

SR# 20212723402
You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W Bulleck, Secretary of State

Authentication: 203691529

Date: 07-16-21