

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : GERALD WEINBERG, P.C.  
Account Number : 120030000043  
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FBI

**\*\*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  
MEADOWS MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

5/3/21

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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. MEADOWS MANAGEMENT, 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. NEW YORK  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 11-3368291  
(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. 10275 COLLINS AVENUE, APT. 1601  
(Street Address of Principal Office)

6. 100 QUENTIN ROOSEVELT BOULEVARD  
(Mailing Address)

BAL HARBOUR, FL 33154

SUITE 400

GARDEN CITY, NEW YORK 11530

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

Name: ROBERT COHEN

Office Address: 10275 COLLINS AVENUE, APT. 1601

BAL HARBOUR, Florida 33154  
(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)

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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]:


<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	ROBERT COHEN		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	10275 COLLINS AVENUE		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		APT. 1601		<input type="checkbox"/> Authorized			
Person		BAL HARBOUR, FL 33154		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	LENORE COHEN		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	10275 COLLINS AVENUE		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		APT. 1601		<input type="checkbox"/> Authorized			
Person		BAL HARBOUR, FL 33154		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

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**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.817.155, F.S.

  
 \_\_\_\_\_  
 Signature of an authorized person  
 ROBERT COHEN  
 \_\_\_\_\_  
 Typed or printed name of signer

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(H210003081473)  
STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

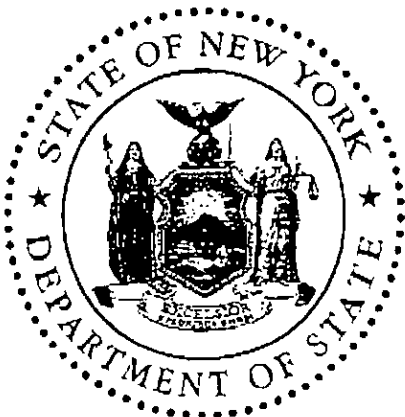
Entity Name:	MEADOWS MANAGEMENT, LLC
DOS ID Number:	2117395
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	02/27/1997
Statement Status:	PAST DUE DATE
Statement Due Date:	02/28/2015

No information is available from this office regarding the financial condition, business activity or practices of this entity.

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WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 01, 2021 at 01:25 P.M.

ROSSANA ROSADO, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State