

M21000012137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

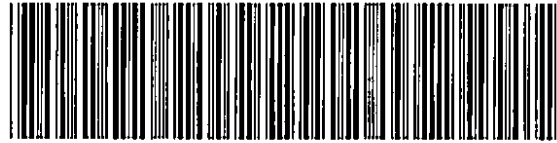
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP 14 AM 9:37

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

2021 SEP 14 PM 2:57

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau

850.656.7953

REQUEST DATE 9/14/2021

PRIORITY Regular Approval

OUR REF. # (Order ID#) 949069

ORDER ENTITY
115 E. 169 REALTY, L.L.C.

PLEASE PERFORM THE FOLLOWING SERVICES:

115 E. 169 REALTY, L.L.C. (FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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. 115 E. 169 REALTY, L.L.C.
(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 13-3905916
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 3677 E. Tremont Ave 3677 E. Tremont Ave
(Street Address of Principal Office) (Mailing Address)
Bronx, NY 10465 Bronx, NY 10465

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

Name: Corporate Service Bureau Inc.
Office Address: 1540 Glenway Drive
Tallahassee, Florida 32301
(City) (Zip code)

2021 SEP 14 PM 9:37

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.

Scott J. Schuster
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>David T. Diamond</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>3677 E. Tremont Ave</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Bronx, NY 10465</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Executive Manager</u>	<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 _____
<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 _____

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.

David T. Diamond

Signature of an authorized person

David T. Diamond

Typed or printed name of signee

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: 115 E. 169 REALTY, L.L.C.
DOS ID Number: 2050120
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 07/22/1996
Statement Status: CURRENT
Statement Due Date: 07/31/2022

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION
Date of Filing: 07/22/1996
Entity Name: 115 E. 169 REALTY, L.L.C.

Document Type: AFFIDAVIT OF PUBLICATION
Date of Filing: 04/09/1997

Document Type: AFFIDAVIT OF PUBLICATION
Date of Filing: 04/09/1997

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/23/1998
Effective Date: 07/01/1998

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/18/2000
Effective Date: 07/01/2000

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/15/2002
Effective Date: 07/01/2002

Document Type: BIENNIAL STATEMENT
Date of Filing: 08/13/2004
Effective Date: 07/01/2004

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/28/2006
Effective Date: 07/01/2006

Document Type: BIENNIAL STATEMENT
Date of Filing: 08/14/2008
Effective Date: 07/01/2008

Document Type: BIENNIAL STATEMENT
Date of Filing: 08/11/2010
Effective Date: 07/01/2010

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/24/2014
Effective Date: 07/01/2014

Document Type: BIENNIAL STATEMENT
Date of Filing: 01/20/2017
Effective Date: 07/01/2016

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/26/2018
Effective Date: 07/01/2018

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/14/2020
Effective Date: 07/01/2020

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

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on September 13, 2021
at 01:30 P.M.

ROSSANA ROSADO, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State