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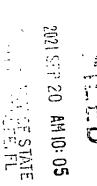
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Special Instructions to Filing Officer:	

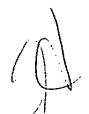




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COVER LETTER

8.	47 Knickerbocker Ave LLC		
DJECT: _	Name	of Limited Liability Company	
e enclosed " istence, and	Application by Foreign Limited Liability C check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Flo	
ase return a	ll correspondence concerning this matter to	the following:	
	Rosendo Almonte		
		Name of Person	
	847 Knickerbocker Ave LLC	Name of Telson	
	The second secon		
		Firm/Company	
	24-25 94th Street		
		Address	
	East Elmhurst, NY 11369		
	Ci alexander@lakehowelltower.com	ity/State and Zip Code	
	E-mail address: (to be	used for future annual report notification)	
r further inf	ormation concerning this matter, please cal	a:	
Alex	ander Almonte	929 497-2956	
	N. Common Danier	at ()	
	Name of Contact Person	Area Code Paytime relephone rumoer	
Mailing Address:		Street Address:	
Registration Section		Registration Section	
	ision of Corporations	Division of Corporations The Centre of Tallahassee	
	. Box 6327		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
		1 analiasect 1 is 52505	
Enclo	osed is a check for the following amount:		
	se make check payable to: FLORIDA DEP		
□ \$1	125.00 Filing Fee 💢 \$130.00 Filing Fe	e & \[\Bigcap \\$155.00 \] Filing Fee & \[\Bigcap \\$160.00 \] Filing Fee, Certificate of Status & Certified Copy \text{of Status & Certified Copy} \]	

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 HABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 847 Knickerbocker Ave 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 "L.L.C," o 01-0627934 New York (FEI number, it applicable) (Jurisdiction under the law of which foreign limited liability company is organized) May 1, 2021 (Date first transacted business in Florida, if prior to registration.) (See sections 605-0904-& 605-0905-F-S. to determine penalty liability). 24-25 94th Street 467 Lake Howell Rd 6. (Mailing Address) (Street Address of Principal Office) East Elmhurst, NY 11369 Maitland, FL 32751 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Jose Nuñez Name: 467 Lake Howell Rd, Suite 201 Office Address: 32751 Maitland 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.

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]:

Fitle or Capacity:	Name and Address: Rosendo Almonte	Title or Capacity:	Name and Address Ana Almonte
■Manager	Name:	□Manager	Name:
_	24-25 94th Street	_	24-25 94th Street
∃Member	Address:	■Member	Address:
□Authorized	East Elmhurst, NY 11369	□Authorized	East Elmhurst, NY 11369
Person		Person	
□Other	Other	□Other	
⊒Manager	Name:	□Manager	Name:
⊒Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	□Other
⊒Manager	Name:	□Manager	Name:
⊒Member		□Member	
_iviciliber	Address:	□ Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□Other	Other

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.

Losendo Almonte

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: 847 KNICKERBOCKER AVE LLC

DOS ID Number: 2737653

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING
Date of Initial Filing with DOS: 03/04/2002

Statement Status: CURRENT Statement Due Date: 03/31/2022

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 August 30, 2021 at 12:25 P.M.

ROSSANA ROSADO, Secretary of State

Brandon C Hegles

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100000294469 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov