

10/2/21, 11:58 AM

Division of Corporations

M21 000013118  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H21000369270 3)))



H210003692703ABC/

**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 : DIVERSIFIED CORPORATE SERVICES INT'L, INC.  
Account Number : I20090000024  
Phone : (518)229-8228  
Fax Number : (302)371-9850

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

Email Address: jerry@diversifiedcorp.com

SECRET  
TALLAHASSEE, FL

2021 OCT -5 AM 10:46

FILED

10/2/21, 11:58 AM

Division of Corporations

**Foreign Limited Liability Company  
GREEN PEAK QOZ LLC**

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

2021 OCT -5 PM 4:27

TALLAHASSEE, FL

8/2

((H21000369270 3)))

**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. GREEN PEAK QOZ 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. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. APPLIED FOR  
(PEI number, if applicable)

4. UPON FILING  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. SOLSTICE 44 UNIT A/B  
(Street Address of Principal Office)

6. SAME  
(Mailing Address)

925A GARY WAY  
STRATTON MOUNTAIN, VT 05155

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

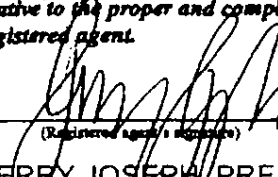
Name: DIVERSIFIED CORPORATE SERVICES INT'L, INC.

Office Address: 18560 NORTH BAY ROAD

SUNNY ISLES BEACH, Florida 33160  
(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)  
JERRY JOSEPH, PRESIDENT

((H21000369270 3)))

FILED  
2021 OCT -5 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

((H21000369270 3)))

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>ALLEN LEBOWITZ 1%</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>4538 HAZELTON LANE</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>LAKE WORTH, FLORIDA 33449</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

JENNY ELYSE NIEDERHOFFER 99%

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>SOLSTICE 44, UNIT A/B,</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>925A GARY WEST WAY,</u>	<input type="checkbox"/> Authorized	_____
Person	<u>STRATTON MTN, VT 05155</u>	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.

/s/ JENNY ELYSE NIEDERHOFFER

Signature of an authorized person

JENNY ELYSE NIEDERHOFFER

Typed or printed name of signer

((H21000369270 3)))

# Delaware

The First State

((H21000369270 3)))

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "GREEN PEAK QOZ 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 TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREEN PEAK QOZ  
LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2021.

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



6124971 8300

SR# 20213331859

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204238886

Date: 09-23-21

((H21000369270 3)))