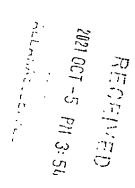
Ma100013152

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
Special instructions to himly Officer

Office Use Only



700371422247





CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 076840 7131809

AUTHORIZATION :

COST LIMIT : \$' i3,0.00

ORDER DATE: October 5, 2021

ORDER TIME : 1:50 PM

ORDER NO. : 076840-010

CUSTOMER NO: 7131809

FOREIGN FILINGS

NAME: MHC 152 (FLORIDA PORTFOLIO)

LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

то:	Registration Section Division of Corporations							
CI (D I	MHC 152 (Florida Portfolio) LLC							
Name of Limited Liability Company								
		ity Company for Authorization to Transact Business in Florida," Certificate of ve referenced foreign limited liability company to transact business in Florida						
Please	ereturn all correspondence concerning this matte	er to the following:						
	Raquel Mehlman							
		Name of Person						
	Reed Smith LLP							
	Firm/Company							
	1001 Brickell Bay Drive, 9th Fl							
Address								
	Miami, Florida 33131							
	City/State and Zip Code							
	E-mail address: (to	be used for future annual report notification)						
For fu	rther information concerning this matter, please	call:						
Raquel Mehlman		786 747-0227						
	Name of Contact Person	at () Area Code Daytime Telephone Number						
Mailing Address: Registration Section		Street Address: Registration Section						
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations						
		The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303						
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Certificat	EPARTMENT OF STATE						

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	ortfolio) LLC Limited Eiability Company; must include "Limited	l Liabilit	ty Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in FI	orida The	e alternate name must include "Limited Liability Company," "L.L.C.," or "L		
DELAWARE 2.			n/a		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if applicable)		
n/a 4.					
·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration ne penalty	on) y hability)		
41 Flatbush Avenue, Suite 3C			41 Flatbush Avenue, Suite 3C		
5. (Street Address of Principal Office)		6. (Mailing Address)			
Brooklyn, NY 11217		Brooklyn, NY 11217			
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT :	_acceptable)		
-			- ·		
Name:	Corporation Service Company		<u></u> -		
Office Address:	1201 Hays Street				
	Tallahassee		32301		
	(City)		, Florida (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.

"Llycus Weibrd, assistant va president
(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]:										
Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:						
□Manager	Name: Elizabeth R. Schlesinger	□Manager	Name:							
□Member	Address: 41 Flatbush Avenue,	□Member	Address:							
Authorized	Suite 3C, Brooklyn, NY 11217	□Authorized								
Person		Person								
□Other	Other	□Other		□Other						
□Manager	Name:	□Manager	Name:							
□Member	Address:	□Member	Address:							
□Authorized		□Authorized								
Person		Person								
□Other	Other	Other		Other						
□Manager	Name:	□Manager	Name:							
□Member	Address:	□Member	Address:							
□Authorized		□Authorized								
Person		Person								
□Other	Other	□Other		□Other						
9. Attached is a cert jurisdiction under th of the translator mus	se an attachment to report more than six (6). The may be added to the index when filing your Florid ificate of existence, no more than 90 days old, dull e law of which it is organized. (If the certificate is at be submitted) s executed in accordance with section 605.0203 (1) ment to the Department of State constitutes a third **Request Makiman** **Gignature of an accordance of the constitution of the department of State constitutes as the constitution of the department of of the depart	da Department of State y authenticated by the in a foreign language (b), Florida Statutes degree felony as provi	Annual Repo official having a translation I am aware th	rt form. g custody of records in the of the certificate under oath at any false information						
Raquel Mehlman										

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "MHC 152 (FLORIDA PORTFOLIO) 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 FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MHC 152 (FLORIDA PORTFOLIO) LLC" WAS FORMED ON THE FIFTH DAY OF OCTOBER, A.D. 2021.

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



Authentication: 204326167

Date: 10-05-21