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From: Vcorp Services, LLC Page 1 of 2

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Phone : (845)425-0077 Fax Number : (845)818-3588

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m : 1	Address:			
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Foreign Limited Liability Company Maggiore Shore 1 LLC

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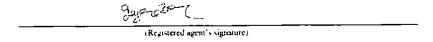
S. ROBERTS NOV 1 0 2021

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

IN COMPLIANCE WITH SECTION 605/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED DABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

l'name unavailable, enter alternate r	name adopted for the purpose of transacting business in Horie	da. Hie alterisite name must melode "Limited Liab	nility Company," "U.L.C," or "U.C."		
Delaware		3			
(Directionion under the law of which foreign limited liability company is organized)		3(EE1 number, if applicable)			
·	(Date first transacted business in Florida, if prior to reg	instrution)	··		
	(See sections 605 0904 & 605 0905; F.S. to determine	penalty liability)			
1568 S Green Rd #213		1568 S Green Rd #21340 6. (Mathog Address)			
Street Address of Principal Office)		(Madiog Address)			
S Euclid O11 44121		S Euclid OH 44121			
			2021 N SECR TAL		
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box)	NOT acceptable)	ADV 10		
Name:	Veorp Services, LLC		PHI2: 47		
Office Address:	5011 South State Road 7, Suite 106				
	Davie	33314 , Florida			
(Cuy)		(Zip code)			

and accept the obligations of my position as registered agent.



From: Vcorp Services, LLC

To: +18506176383

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Aharon S Steinberg	□Manager	Name: Avigail Borchardt
■Member	Address:	■Member	Address: 14418 E Carroll Blvd
□Authorized	Lakewood NJ 08701	☐ Authorized	University Heights OH 44118
Person		Person	
□Other	□Other	Other	□Other
□Manager	Name:	∏Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		☐ Authorized	
Person		Person	
□Other		_Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
☐Other	Other	Other	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.

Aharon's Steinberg		
<u></u>	Signature of an authorized person	
Aharon S Steinberg		
	Typed or printed name of signee	

o: +18506176383



Page 1

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

DELAWARE, DO HEREBY CERTIFY "MAGGIORE SHORE 1 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 NINTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAGGIORE SHORE 1 LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2021.

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

Authentication: 204646070

Date: 11-09-21