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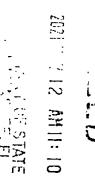
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S. HAWKES

## COVER LETTER

TO:	Registration Section Division of Corporations				
CUBI	GF REALTY GROUP LLC ECT:				
зовз	ECI:	Name of Limited Liability Company			
		Liability Company for Authorization to Transact Business in Florida." Certificate of the above referenced foreign limited liability company to transact business in Florida			
Please	return all correspondence concerning this	s matter to the following:			
		Name of Person			
	DISCHINO & SCHAMY, PL	LC			
	Firm/Company				
	4770 BISCAYNE BLVD., SU	JITE 600			
		Address			
	MIAMI, FL 33137				
		City/State and Zip Code			
	ADMIN@DSMIAMLCOM				
	E-mail addre	ess: (to be used for future annual report notification)			
For fu	rther information concerning this matter, p	please call:			
HEATHER LEIGH		786 581-2542 at ( )			
	Name of Contact Pers				
Mailing Address:		Street Address: Registration Section			
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
		Tallahassee, FL 32303			
	Enclosed is a check for the following a Please make check payable to: FLORI	DA DEPARTMENT OF STATE			
	<del>-</del>	Filing Fee &  \$\Bigcup \$155.00\$ Filing Fee &  \$\Bigcup \$160.00\$ Filing Fee, Certificate of Status  \$Certified Copy 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	ida. The alternate name must include "Li	imited Liability Company," "L L.C." o
DELAWARE		85-1885542	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3 <del>(F</del>	El number, if applicable)
SEPTEMBER 1, 2021			
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	gistration.) : penalty liability)	· · · <del>- · ·</del>
1000 Gates Avenue		4770 BISCAYNE BL	VD.
rect Address of Principal Office)		6. (Mailing Address)	
Brooklyn, NY 11221		SUITE 600	
		MIAMI, FL 33137	
Name and street address	s of Florida registered agent: (P.O. Box	<u>NOT</u> acceptabl <b>e</b> )	
Name:	DISCHINO & SCHAMY, PLLC		· · · · · · · · · · · · · · · · · · ·
Office Address:	4770 BISCAYNE BLVD., SUITE 600		•
	MIAMI	33137	
		, Florida	· ·(

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 algoriture)

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: KEITH MENIN	■Manager	Name: MARISA GALBUT
□Member	Address:	□Member	Address: 4770 BISCAYNE BLVD.
□ Authorized	SUITE 600	□Authorized	SUITE 600
Person	MIAMI, FL 33137	Person	MIAMI, FL 33137
□Other	Other	Other	Other
≣Manager	Name: LEO FRIEDMAN	■Manager	Name: ELIEZER SCHEINER
	Address: 1000 GATES AVENUE	□Member	Address: 2071 Flatbush Avenue
□Authorized	BROOKLYN, NY 11221	□Authorized	Suite 22
Person		Person	Brooklyn, NY 11234
□Other	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.

Signature of an authorized person

A. Galbiet

The ped or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "GF REALTY GROUP 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 FOURTH DAY OF OCTOBER, A.D. 2021.



Authentication: 204322668

Date: 10-04-21