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#### COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	305 North Shore LLC		
		Name of Limited Liability Company	
The enclosed Existence, an	"Application by Foreign L d check are submitted to re	imited Liability Company for Authorization to Transact Business in Florida." Certificate of gister the above referenced foreign limited liability company to transact business in Florida.	
Please return	all correspondence concern	ning this matter to the following:	
	Michael I. Bernstein, I	Esq.	
	-	Name of Person	
	The Bernstein Law Firm		
		Firm/Company	
	3050 Biscayne Blvd, S	Ste 403	
		Address	
	Miami, Florida 33137		
	•	City/State and Zip Code	
		n; michael@blfmiami.com	
Con Combanity		il address: (to be used for future annual report notification)	
	formation concerning this n		
Mic	hael I. Bernstein	305 672-9544 at ()	
	Name of Conta	act Person Area Code Daytime Telephone Number	
	ling Address: istration Section	Street Address: Registration Section	
	ision of Corporations	Division of Corporations	
	. Box 6327	The Centre of Tallahassee	
Tall	lahassee, FL 32314	2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	
Altas Busi	ness center	ing amount:  .ORIDA DEPARTMENT OF STATE  D.00 Filing Fee & □ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate	
CMB RE	ness center ofi v1	0.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy	
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## 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:

Delaware  (Jurisdiction under the law of w			
(Jurisdiction under the law of w		N/A 3.	
	hich foreign limited liability company is organized)	(FEI number, if applicable)	
	(Date first transacted business in Florida, if prior to n (See sections 605,0904 & 605,0905, F.S. to determin	egistration.) e penalty hability)	
305 North Shore Dr.		3050 Biscayne Blvd, Ste 403	
reet Address of Principal Office)		6. (Mailing Address)	
Miami Beach, Florida	33141	Miami, Florida 33137	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2021
Name and street addres  Name:	ss of Florida registered agent: (P.O. Box  The Bernstein Law Frim	NOT acceptable)  VICTOR INFORMATION AND AND AND AND AND AND AND AND AND AN	2021 NOV 1
		NOT acceptable)  NOT acceptable)  NOT acceptable)  NOT acceptable)  NOT acceptable)	19
Name:	The Bernstein Law Frim	NOT acceptable)  SECRETARY OF STATE ARST L. FLORIDE  33137 Florida	2021 NOV 19 AH II: 26

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: Name: c/o Michael I. Bernstein □Manager □Manager Name: \_\_\_\_\_ 3050 Biscayne Blvd, Ste 403 □Member □Member Address: Miami, Florida 33137 Authorized ☐ 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\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. orgnature of an authorized person Michael I. Bernstein, Esq.

Typed or printed name of signee

### State Of Delaware

**Entity Details** 

11/17/2021 11:40:21AM

File Number: 6345548

Incorporation Date / Formation Date: 10/28/2021

Entity Name: 305 NORTH SHORE LLC

Entity Kind: Limited Liability Company

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 10/28/2021

**Registered Agent Information** 

Name: BUSINESS FILINGS INCORPORATED

Address: 108 WEST 13TH ST

City: WILMINGTON

Country:

State: DE

Postal Code: 19801

Phone: 800-981-7183

Tax Information

Last AnnualReport Filed:

Tax Due: \$0

Annual Tax Assessment:

\$300

Total Authorized Shares:

#### Filing History (Last 5 Filings)

 Seq	Description	No of Pages	Filing Date mm/dd/yyyy	Filing Time	Effective Date mm/dd/yyyy
1	LLC	11	10/28/2021	10:20 AM	10/28/2021

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "305 NORTH SHORE 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-EIGHTH DAY OF OCTOBER, A.D. 2021.

Authentication: 204542091

Date: 10-28-21

### STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited	l liability company is 305 North Shore LLC	
located at 108 West 13th Street	of the limited liability company in the State of	of Delaware is  (street)
in the City of Wilmington	, Zip Code 19801 at such address upon whom process against t	The
Hability company may be serve	By:	
	Authorized Person	
	Name: Michael I. Bernstein	
	Print or Type	