M21000017123

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

Office Use Only



600376927736



818102015 PM 3:5

8. HAWKES DEC _ = 2021 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE :
AUTHORIZATION : Spelle Bleman
COST LIMIT : \$ 125.00
ORDER DATE :
ORDER TIME :
ORDER NO. : DANIELLE ORDER
CUSTOMER NO:
FOREIGN FILINGS
NAME: NAX18, LLC
QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: ALEXXIS WEILAND

Registration Section

TO:

COVER LETTER

SUBJECT:					
_	Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.			
lease return al	Il correspondence concerning this matter t	to the following:			
	David Peltz				
		Name of Person			
	Joel Isaacson & Co., LLC				
	Firm/Company 546 Fifth Avenue, 22nd Floor				
		Address			
	New York, NY 10036				
	City/State and Zip Code				
	david@joelisaacson.com				
	E-mail address: (to be	e used for future annual report notification)			
For further info	rmation concerning this matter, please ca	III:			
David M. Waizer		973 966-8089			
		at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address:		Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee			
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Please	sed is a check for the following amount: make check payable to: FLORIDA DEF 25.00 Filing Fee S130.00 Filing Fe				

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: NAX18, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.I. C," or "L.I.C.") Delaware 20-5770655 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 334 Venetian Drive 334 Venetian Drive 5. (Street Address of Principal Office) (Mailing Address) #102 #102 Delray Beach, FL 33483 Delray Beach, FL 33483 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Norman Axelrod Name: 344 Venetian Drive, #102 Office Address: Delray Beach 33483 . Florida (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 sociation as registered agent.

 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:	<u>Name and Address:</u> Norman Axelrod	Title or Capacity:	
⊠Manager	Name:	□Manager	Shelly Schwarzbaum Name:
⊠Member	334 Venetian Drive Address:	□Member	Joel Isaacson & Co., LLC Address: 546 Fifth Avenue, 22nd Floor
□Authorized		⊠Authorized	
Person	Delray Beach, FL 33483	Person	New York, NY 10036
□Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person	<u></u>	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. 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, 1 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.

NORMAN AXELROD					
54AZ98238G85418	Signature of an authorized person				
Norman Axelrod,	Managing Member				
	Typed or printed name of signee				



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

DELAWARE, DO HEREBY CERTIFY "NAX18, 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 FIFTEENTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NAX18, LLC" WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2021.

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



Authentication: 204988977

Date: 12-15-21