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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BUSH ROSS, P.A.
Account Number : I19990000150
Phone : (813) 224-9255
Fax Number : (813) 223-9620

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
COLLEGE APARTMENTS, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COLLEGE APARTMENTS, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Warren Cohen

Name of Person

College Apartments, LLC

Firm/Company

777 North Ashley Drive, Unit 3112

Address

Tampa, FL 33602

City/State and Zip Code

wcohen4@mc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Lawton Alpert, Esq.

813

204-6466

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
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 DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate 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:

1. COLLEGE APARTMENTS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York 3. 11-2280267
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. December 22, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 777 North Ashley Drive, Unit 3112 6. 777 North Ashley Drive, Unit 3112
(Street Address of Principal Office) (Mailing Address)

Tampa, FL 33602 Tampa, FL 33602

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: Bush Ross Registered Agent Services, LLC

Office Address: 1801 N. Highland Ave.

Tampa 33602
(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.


(Registered agent's signature)

FILED
22 PM 12:51
STATE
TAMPA, FL

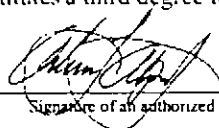
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Warren Cohen</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>777 N. Ashley Drive, Unit 3112</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Tampa, FL 33602</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

ADAM L. ALPERT, AUTHORIZED REPRESENTATIVE c/o BUSH ROSS, P.A.

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: COLLEGE APARTMENTS, LLC
DOS ID Number: 2225277
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 02/04/1998
Statement Status: CURRENT
Statement Due Date: 02/28/2022

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION
Date of Filing: 02/04/1998
Entity Name: COLLEGE APARTMENTS, LLC

Document Type: AFFIDAVIT OF PUBLICATION
Date of Filing: 12/10/1998

Document Type: AFFIDAVIT OF PUBLICATION
Date of Filing: 12/10/1998

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 01/20/1999

Document Type: BIENNIAL STATEMENT
Date of Filing: 03/01/2000
Effective Date: 02/01/2000

Document Type: BIENNIAL STATEMENT
Date of Filing: 01/29/2002
Effective Date: 02/01/2002

Document Type: BIENNIAL STATEMENT
Date of Filing: 02/11/2004
Effective Date: 02/01/2004

Document Type: BIENNIAL STATEMENT
Date of Filing: 02/23/2006
Effective Date: 02/01/2006

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 07/26/2006

Document Type: BIENNIAL STATEMENT
Date of Filing: 02/11/2008
Effective Date: 02/01/2008

Document Type: BIENNIAL STATEMENT
Date of Filing: 03/16/2010
Effective Date: 02/01/2010

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 04/04/2012

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/11/2012
Effective Date: 02/01/2012

Document Type: BIENNIAL STATEMENT
Date of Filing: 04/28/2014
Effective Date: 02/01/2014

Document Type: BIENNIAL STATEMENT
Date of Filing: 10/26/2021

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on October 28, 2021 at
09:17 A.M.



ROSSANA ROSADO, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State