

W220000179543

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 : NRAI SERVICES, LLC
Account Number : I20080000104
Phone : (302)674-4089
Fax Number : (302)674-5266

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

Email Address: dmv@potamkinfamily.com

2022 JAN 13 PM 4:42

FILED

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Foreign Limited Liability Company
1695 Alton, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

S. FRANKLIN

JAN 14 2022

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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:

1695 Alton, LLC

1. _____
(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.")
Delaware

2. _____ (Jurisdiction under the law of which foreign limited liability company is organized) 3. _____ (FEI number, if applicable)

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

5800 NW 171st Street

5800 NW 171st Street

5. _____
(Street Address of Principal Office)

Miami, FL 33015

6. _____
(Mailing Address)

Miami, FL 33015

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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 position as registered agent.

By: _____
(Registered agent's signature)

NRAI Services, Inc.

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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:**
☐ Manager Name: Alan Potamkin
 5800 NW 171st Street
☒ Member Address: Miami, FL 33015
☐ Authorized CEO
 Person
☐ Other ☐ Other

☐ Manager Name: John Rhodes
 5800 NW 171st Street
☒ Member Address: Miami, FL 33015
☐ Authorized VP/Assistant Secretary
 Person
☐ Other ☐ Other

☐ Manager Name: Evelyn Muznoz
 5800 NW 171st Street
☒ Member Address: Miami, FL 33015
☐ Authorized Assistant Secretary
 Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☐ Manager Name: Robert Potamkin
 5800 NW 171st Street
☒ Member Address: Miami, FL 33015
☐ Authorized President
 Person
☐ Other ☐ Other

☐ Manager Name: David Yusko
 5800 NW 171st Street
☒ Member Address: Miami, FL 33015
☐ Authorized Treasurer/Secretary
 Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ 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

John Rhodes, VP

Typed or printed name of signer

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Delaware

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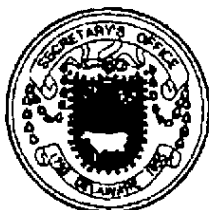
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1695 ALTON, 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 THIRTEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1695 ALTON, LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2022.

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

FILED
2022 JAN 13 PM 4:42
TALLAHASSEE, FL



6522809 8300

SR# 20220121582

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202393731

Date: 01-13-22

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