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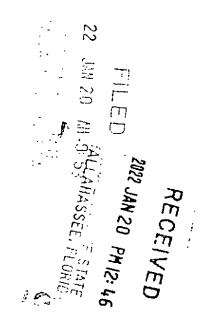
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Certified Copies	_ Certificates	of Status
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T. LEMIEUX JAN 21 2022

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INC.

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#### **WALK IN**

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1.	FILING  LPG JAXBEACH1 HOLI  (CORPORATE NAME AND DOCUM	DINGS, LLC
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SPECIA INSTRU	AL JCTIONS:	

## 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:

f name unavailable, enter alternate	name adopted for the purpose of transacting business in Florida. Th	e alternate name must include "Limited L	iability Company," "L.L.C," or "LLC
Delaware			
(Jurisdiction under the law of y	hich foreign limited liability company is organized)		ber, if applicable)
	The total state of the state of	(FIST NUIS)	ост. и аррисаоте)
	(Date first transacted business in Florida, if prior to registratic (See sections 605.0904 & 605.0905, F.S. to determine penalt	on ) y liability)	<del></del> _
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reet Address of Principal Office)	6.	(Mailing Address)	- 2
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		<del></del>	= -
			23 /
Name and street addre	ss of Florida registered agent: (P.O. Box NOT	acceptable)	م نتر
			ال المراقبة وي
	Riverside Filings LLC		
Name:			
Name:		<del></del>	
Name: Office Address:	155 OFFICE PLAZA DRIVE, IST FLOOR		
	<del></del>	22201	
	155 OFFICE PLAZA DRIVE, IST FLOOR TALLAHASSEE	32301 , Florida(Zip code)	

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: Simcha Schick Name: \_\_\_\_Charles Kirshner □Manager □Manager Address: 605 Diane Pl Address: \_\_\_\_\_ ■ Member ■ Member Valley Stream NY 11581 Waterbury, CT 06710 ☐ Authorized ☐ Authorized Person Person □Other □Other\_\_\_\_ Other\_\_\_ □Other □ Manager □Manager Name: \_\_\_\_ ☐Member Address: ☐ Member Address: \_\_\_\_ ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_ Other □Other □Other \_\_\_\_\_ □Manager □Manager ☐ Member Address: \_\_\_ □Member Address: ☐ Authorized ☐ Authorized Person Person 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. /s/ Elliott Teitelbaum Signature of an authorized person Elliott Teitelbaum

Typed or printed name of signee

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LPG JAXBEACH1 HOLDINGS, 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 NINETEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LPG JAXBEACH1 HOLDINGS, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2022.

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

Authentication: 202431490

Date: 01-19-22