

**W22000001527**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H22000040509 3)))



H220000405093ABCW

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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: djanecek@crescentheights.com

**Foreign Limited Liability Company  
OZPC NO.1 2900 BISCAYNE BLVD HOLDINGS 1, LLC**

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

**S. FRANKLIN  
FEB 01 2022**

Electronic Filing Menu

Corporate Filing Menu

Help

2022 JAN 31 PM 4:37

2022 JAN 31 PM 4:37

2022 JAN 31 PM 12:49

FILED

H22000040509 3

# 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. OZPC NO. 1 2900 BISCAYNE BLVD HOLDINGS 1, 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. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. 01/25/2002  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

2200 BISCAYNE BOULEVARD

5. (Street Address of Principal Office)

MIAMI, FL 33137

2200 BISCAYNE BOULEVARD

6. (Mailing Address)

MIAMI, FL 33137

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

Name: JONATHAN NEWBERG

Office Address: 2200 BISCAYNE BOULEVARD

MIAMI, Florida 33137  
(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.

/s/Jonathan Newberg

(Registered agent's signature)

H22000040509 3

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: JONATHAN NEWBERG  
☐ Member Address: 2200 BISCAYNE BLVD  
☐ Authorized MIAMI, FL 33137  
 Person \_\_\_\_\_  
☒ Other PRES ☐ Other \_\_\_\_\_

☐ Manager Name: CHRISTOPHER PALERMO  
☐ Member Address: 2200 BISCAYNE BLVD  
☐ Authorized MIAMI, FL 33137  
 Person \_\_\_\_\_  
☒ Other VICE PRES ☐ Other \_\_\_\_\_

☐ Manager Name: CHANTAL DEVOS  
☐ Member Address: 2200 BISCAYNE BLVD  
☐ Authorized MIAMI, FL 33137  
 Person \_\_\_\_\_  
☒ Other VICE PRES ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**  
☐ Manager Name: SHLOMO DACHOH  
☐ Member Address: 2200 BISCAYNE BLVD  
☐ Authorized MIAMI, FL 33137  
 Person \_\_\_\_\_  
☒ Other SEC ☐ Other \_\_\_\_\_

☐ Manager Name: PABLO DE ALMAGRO  
☐ Member Address: 2200 BISCAYNE BLVD  
☐ Authorized MIAMI, FL  
 Person \_\_\_\_\_  
☒ Other TREAS ☐ 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.

/s/Jonathan Newberg

Signature of an authorized person

JONATHAN NEWBERG, PRESIDENT

Typed or printed name of signer

H22000040509 3

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OZPC NO. 1 2900 BISCAYNE BLVD HOLDINGS 1, 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-SIXTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OZPC NO. 1 2900 BISCAYNE BLVD HOLDINGS 1, LLC" WAS FORMED ON THE TWENTY-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 31 PM 12:49

DELAWARE, FL



*[Signature]*  
Jeffrey W. Bullock, Secretary of State

6565911 8300

SR# 20220257652

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202491489

Date: 01-26-22

H22000040509 3