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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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware Uursdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)	name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Liab	bility Company," "L.L.C," or "LI
1Date first transacted business in Florida, if prior to registration (See sections 605 0%04 & 603 0%05, F.S. to determine penalty liability) 13 First Ave			2	
13 First Ave See Address of Principal Office) See Address of Principal Office) See Address of Principal Office) Waterbury, CT 06710	(Jurisdiction under the law of	which foreign limited liability company is organized)	(FEI number	r, if applicable)
13 First Ave cet Address of Principal Office) Waterbury, CT 06710 Waterbury, CT 06710 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Riverside Filings LLC Name: 155 OFFICE PLAZA DRIVE, 1ST FLOOR Office Address: TALLAHASSEE TALLAHASSEE TALLAHASSEE TALLAHASSEE TALLAHASSEE TELOOR (Crty) TOTAL Address: TALLAHASSEE TELOOR TELO				
Waterbury, CT 06710 Waterbury, CT 06710 Waterbury, CT 06710 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Riverside Filings LLC Name: 155 OFFICE PLAZA DRIVE, 1ST FLOOR Office Address: TALLAHASSEE TALLAHASSEE TALLAHASSEE TED OFFICE PLAZA DRIVE, 1ST FLOOR (Cny) TO OFFICE PLAZA DRIVE, 1ST FLOOR TO OFFICE PLAZA DRIVE, 1ST FLOOR (Cny)		(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	gistration) e penalty fiability)	
Waterbury, CT 06710 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Riverside Filings LLC Name: 155 OFFICE PLAZA DRIVE, 1ST FLOOR Office Address: TALLAHASSEE (Cny) Florida (Zip code)				
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Riverside Filings LLC Name: 155 OFFICE PLAZA DRIVE, 1ST FLOOR TALLAHASSEE TALLAHASSEE (Crts) (Crts) (P.O. Box NOT acceptable) Riverside Filings LLC (Crts) (Crts) (Crts) (Crts)	eet Address of Principal Office)		6. (Mailing Address)	
Name: Some of the property	Waterbury, CT 06710		Waterbury, CT 06710	
Office Address: TALLAHASSEE (Cny) Total (Cny) Total (Cny) Total (Zip code) (Zip code)		==	NOT acceptable)	757
(City) (Zip code) [7]			<u>NOT</u> acceptable)	
(Cπy) (Zip code) μη (Name:	Riverside Filings LLC		77.7.3.3.P)
gistered agent's acceptance:	Name:	Riverside Filings LLC 155 OFFICE PLAZA DRIVE, IST FLO	DOR	777. 131 PM 2:0
ving been named as registered agent and to accept service of process for the above stated limited liability company ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fall accept the obligations of my position as registered agent.	Name:	Riverside Filings LLC 155 OFFICE PLAZA DRIVE, IST FLO	DOR	777. 131 PM 2:03
/s/ Elliott Teitelbaum	Name: Office Address: gistered agent's acceptiving been named as resignated in this applications	Riverside Filings LLC 155 OFFICE PLAZA DRIVE, 1ST FLO TALLAHASSEE (Cny) Stance: egistered agent and to accept service of protition, I hereby accept the appointment as it ions of all statutes relative to the proper a	OOR 32301 Florida (Zip code) cocess for the above stated limited licenters for the apent and agree to act in	ability company at the this capacity. I furthe

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: ___ Address: 13 FIrst Ave ■ Member ■ Member Valley Stream NY 11581 Waterbury, CT 06710 □ Authorized ☐ Authorized Person Person □Other □Other Other Other____ □Manager Name: □Manager Name: □Member Address: □Member Address: _____ ☐ Authorized ☐ Authorized Person Person □Other____ □Other_ □Other____ □Other □ Manager Name: _____ □Manager Name: _____ ☐ 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 PARK VILLAGE 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LPG PARK VILLAGE LLC" WAS FORMED ON THE SEVENTH DAY OF DECEMBER, A.D. 2021.

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

e at corn delaware gov/aut

Authentication: 202528134

Date: 01-31-22

6449860 8300 SR# 20220303349

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