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→ 18506176383 Division of Corporations



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	Division of	Corporations
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Email Address: STEVEN@VISTACOMMERCIALCAPITAL.COM

1.01	Foreign Limited Liability Company 805 NE 70TH LLC		
Certificate	e of Status	1	
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Page Cour	nt	05	
Estimated	Charge	\$130.00	······································

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APPLICATION BY I	FOREIGN LIMITED LIAF	BILITY COMPANY FOR AUTHORIZ IN FLORIDA	ATION TO TRANSACT BUSINES
	ECTION 605.0902, FLORIDA STA BUNINESS INTHE STATE OF FL	NTULES, THE FOLLOWING IS SUBMITTED TO ORIDA:	) REGISTER A FOREIGN-TIMITED LIABIL
1		805 NE 70TH LLC	
1. (Name of Foreig	gn Limited Liability Company; mus	st include "Limited Liability Company," "L.L.C.," or	("LLC.")
(if name unavailable, enter alterna	ite name adopted for the purpose of trans-	acting business in Florida. The alternate name must include	"Limited Liability Company," "L.L.C." or "L.L.C.")
	NEW YORK		
2	of which foreign limited liability company	3	(FEI number, if applicable)
(Jurisdiction under the law o	of which foreign limited liability company	v is organized)	(FEI fumoer, 11 application)
4			
·	(Date first transacted business in (See sections 605.0904 & 605.0	n Florida, if prior to registration ) 0905, F.S. to determine penalty hability)	
			ESTNUT STREET
216 CHE	STNUT STREET	216 CHI	
5	STNUT STREET	,	
_			
5. (Street Address of Principal Office		6(Mailing Address)	
5. (Street Address of Principal Office	c)	6(Mailing Address)	<u> </u>
5. (Street Address of Principal Office	c)	6(Mailing Address)	<u> </u>
5. (Street Address of Principal Office	c)	6(Mailing Address)	<u> </u>
5. (Street Address of Principal Office	c)	6(Mailing Address)	<u> </u>
5. (Street Address of Principal Office PORT JEFFERSC	•) ON STATION, NY 1177	6(Mailing Address)	<u> </u>
5. (Street Address of Principal Office PORT JEFFERSC	•) ON STATION, NY 1177	6. <u>(Mailing Address)</u> 6 PORT JEFFERS	<u> </u>
5. (Street Address of Principal Office PORT JEFFERSC	e) ON STATION, NY 1177 I <u>tress</u> of Florida registered age	6. <u>(Mailing Address)</u> 6 <u>PORT JEFFERS</u> 	SON STATION, NY 11776
5. (Street Address of Principal Office PORT JEFFERSC	e) ON STATION, NY 1177 I <u>tress</u> of Florida registered age	6. <u>(Mailing Address)</u> 6 PORT JEFFERS	2022 FEB
5. (Street Address of Principal Office PORT JEFFERSC	e) ON STATION, NY 1177 I <u>ress</u> of Florida registered age JUDITE CO	6. <u>(Mailing Address)</u> 6 PORT JEFFERS ent: (P.O. Box <u>NOT</u> acceptable) DNSTANTINO	SON STATION, NY 11776
5. (Street Address of Principal Office PORT JEFFERSO 7. Name and <u>street add</u> Name:	TON STATION, NY 1177 Press of Florida registered age JUDITE CO 3599 HUI	6. <u>(Mailing Address)</u> 6 <u>PORT JEFFERS</u> 	SON STATION, NY 11776
5. (Street Address of Principal Office PORT JEFFERSC	The station, ny 1177 Station, ny 1177 States of Florida registered age JUDITE CO 3599 HUI s:	6. (Mailing Address) 6 PORT JEFFERS	SON STATION, NY 11776
5. (Street Address of Principal Office PORT JEFFERSO 7. Name and <u>street add</u> Name:	The station, ny 1177 Station, ny 1177 States of Florida registered age JUDITE CO 3599 HUI s:	6. <u>(Mailing Address)</u> 6 PORT JEFFERS ent: (P.O. Box <u>NOT</u> acceptable) ONSTANTINO	SON STATION, NY 11776

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.

(Regniered agent's signature) JUDITE CONSTANTINO

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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 Canacity:	Name and Address:	<u>Title or Canacit</u>	<u>Y:</u>	Name and Address;
□Manager	Name:		Name:	
Member	Address:	□Member	Address:	
Authorized	BOYNTON BEACH, FL 33436	Authorized		
Person		Person		
Other	Other	Other	. <u></u>	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		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.

Julie Constantion Signature of an authorized person

JUDITE CONSTANTINO

## H22000062429

## STATE OF NEW YORK

## DEPARTMENT OF STATE

**Certificate of Status** 

I, ROBERT J. RODRIGUEZ, Acting 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:	805 NE 70TH LLC
DOS ID Number:	6297409
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	10/06/2021
Statement Status:	CURRENT
Statement Due Date:	10/31/2023

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

Document Type: Date of Filing: Entity Name:	ARTICLES OF ORGANIZATION 10/06/2021 805 NE 70TH LLC	
Document Type:	CERTIFICATE OF PUBLICATION	
Date of Filing:	12/02/2021	
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Above space is left blank intentionally.

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 February 16, 2022 at 03:23 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brandon C. Hughes

By Brendan C. Hughes Executive Deputy Secretary of State



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