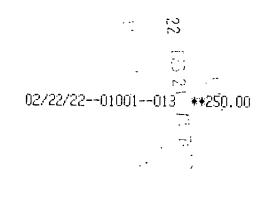
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(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY 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 INTHE STATE OF FLORIDA:

	HOLDINGS, LLC			
(Name of Foreign	Limited Liability Company; must include "Limited Li	ability Company," "L.L.C.," or "LLC.")		
name unavailable, enter alternate	name adopted for the purpose of transacting business in Florida	a. The alternate name must include "Limited L	iability Company," "L.L.C." or "LLC."	
Delaware	•			
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI num	(FEI number, if applicable)	
	(Date first transacted business in Florida, if prior to regis (See sections 605,0904 & 605,0905, F.S. to determine po	tration ) enalty liability)	<del></del> _	
13 First Ave		13 First Ave		
eet Address of Principal Office)		6. (Mailing Address)		
Waterbury, CT 06710		Waterbury, CT 06710		
Name:	ss of Florida registered agent: (P.O. Box No	<u>or</u> acceptable)	FES 21	
Office Address:	155 OFFICE PLAZA DRIVE, 1ST FLOO	R		
	TALLAHASSEE	32301 Florida		
		::::::::::::::::::::::::::::::::::		
	(Cay)	(Zip code)	<del></del>	
signated in this applicate comply with the provisi	•	(Zip code)  ess for the above stated limited gistered agent and agree to act	in this canacity. I further a	
wing been named as register in this application in this application with the provision of the provision in t	tance: gistered agent and to accept service of proc tion, I hereby accept the appointment as rej ons of all statutes relative to the proper and	(Zip code)  ess for the above stated limited gistered agent and agree to act	in this canacity. I further a	

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: 13 FIrst Ave ■ Member ■Member Valley Stream NY 11581 Waterbury, CT 06710 □ Authorized ☐ Authorized Person Person □Other Other\_\_\_\_\_ □Other\_\_\_\_ Other\_\_\_ □Manager Name: Name: \_\_\_\_\_ □Manager ☐ Member Address: □Member Address: \_\_\_\_\_ ☐ Authorized ☐ Authorized Person Person □Other Other\_\_\_\_  $\square$ Other □Other\_\_\_\_\_ □Manager Name: \_\_\_\_\_ □ Manager Address: □Member Address: \_\_\_\_ ☐ Member ☐ 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 "VILLAS JAX BEACH 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 TWENTY-FIRST DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VILLAS JAX BEACH HOLDINGS, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2022.

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

e at corp.delaware.gov/aut

Authentication: 202716504

Date: 02-21-22

6629471 8300 SR# 20220612646