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Division of Corporations

Florida Department of State
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Foreign Limited Liability Company
OASIS AT BOYNTON BEACH HOLDINGS LLC

S. FRANKLIN
FEB 24 2022

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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 IN THE STATE OF FLORIDA:

1. OASIS AT BOYNTON BEACH HOLDINGS 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 laws of which Foreign Limited Liability Company is organized)

3.

(Tax number, if applicable)

4.

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

1708 NE 4TH ST

5. (Street Address of Principal Office)

BOYNTON BEACH, FL 33435

4601 SHERIDAN ST, SUITE 301

6. (Mailing Address)

HOLLYWOOD, FL 33021

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

Name: ILANA KUNTSLINGER

Office Address: 4601 SHERIDAN ST, SUITE 301

HOLLYWOOD

(City)

, Florida

33021

(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.

(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: JONATHAN FRANKEL	<input type="checkbox"/> Manager	Name: MOSHE SOSKIN
<input type="checkbox"/> Member	Address: 4601 SHERIDAN ST	<input type="checkbox"/> Member	Address: 4601 SHERIDAN ST
<input type="checkbox"/> Authorized	SUITE 301	<input type="checkbox"/> Authorized	SUITE 301
Person	HOLLYWOOD, FL 33021	Person	HOLLYWOOD, FL 33021
<input checked="" type="checkbox"/> Other AMBR	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other AMBR	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: JOSEPH HIRSCH	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 4601 SHERIDAN ST	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	SUITE 301	<input type="checkbox"/> Authorized	
Person	HOLLYWOOD, FL 33021	Person	
<input checked="" type="checkbox"/> Other AMBR	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.

Signature of an authorized person

MOSHE SOSKIN

Typed or printed name of signer

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OASIS AT BOYNTON 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-THIRD DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OASIS AT BOYNTON BEACH HOLDINGS LLC" WAS FORMED ON THE SIXTEENTH DAY OF FEBRUARY, A.D. 2022.

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

2022 FEB 24 PM 4:51
DELAWARE, FL



6625489 8300

SR# 20220658098

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202740276

Date: 02-23-22

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