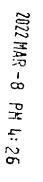
## M2200003574

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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2022 HAR -8 PH 3: 3

S. FRANKLIN MAR 0 9 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 533534 7218977

AUTHORIZATION :

COST LIMIT : \$/125,00

ORDER DATE: March 8, 2022

ORDER TIME : 1:44 PM

ORDER NO. : 533534-010

CUSTOMER NO: 7218977

FOREIGN FILINGS

NAME: DENHOLTZ 100 EAST PINE STREET

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Denholtz 100 East Pine						
(Name of Foreign	Limited Liability Company, must include "Limited	Liability Company,"	"LLC.," or "LLC.")			•
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate name	must include "Limited Linbil	hry Company," "L	.L.C," or "	LLC,")
Delaware 2		3	(FEI number,			
(Jurisdiction under the law of which foreign limited liability company is organized)			if applicable)			
4	(Date first transacted business in Florida, if prior to i (See sections 605,0904 & 605,0905, F.S. to determine	egistration )		<del>_</del>		
116 Chestnut Street		116 Chest	nut Street			
(Street Address of Principal Office)		O(Mailin	g Address)		~	-
Suite 102		Suite 102			2022 HAR	. + 172
Red Bank, NJ 07701		Red Bank	NJ 07701		AR −8	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	ı	, , , , , , , , , , , , , , , , , , ,	PH 4: 2	1 12 2 4 4 + + + + + + + + + + + + + + + + + +
Name:	Corporaton Service Company				တိ	
Office Address:	1201 Hays Street	<u> </u>				
	Tallahassee	FI	32301 orida			
	(City)	<del></del>	(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.

augio (Lind A.V.).
(Régistered agem's signature)

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 Capacit	<u>ty:</u>	Name and Address:
■Manager	Name: Stephen Cassidy	□Manager	Name:	
□Member	Address:116 Chestnut Street, Suite 102	□Member	Address:	
■Authorized	Red Bank, NJ 07701	□Authorized		
Person		Person	,	
Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		Other 202
□Manager	Name:	□Manager	Name:	DOther 2022 HAR - 8
□Member	Address:	□Member	Address:	P
□Authorized		□Authorized		26
Person	<del></del>	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.

an con	
Stephen Cassidy (Mar 7, 7022-11-20 EST)	
Signature of an authorized person	
Stephen Cassidy	
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 "DENHOLTZ 100 EAST PINE STREET 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 EIGHTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DENHOLTZ 100 EAST PINE STREET LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, A.D. 2022.

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

2022 MAR -8 PH 4: 26

Authentication: 202854427

Date: 03-08-22

6610764 8300 SR# 20220917229