

M22000004697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

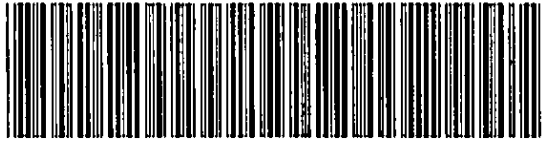
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
W22000032336 00647

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02/22/22--01018--025 **125.00

2022 MAR 28 PM 6:08
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S. FRANKLIN

MAR 29 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SL MANAGEMENT GROUP SOUTHEAST LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

BLAKE SILVERMAN
Name of Person
SL MANAGEMENT GROUP SOUTHEAST LLC
Firm/Company
195 MORRISTOWN RD
Address
BASKING RIDGE, NJ 07920
City/State and Zip Code
INFO@SILVERMANGROUP.NET
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

CHRISTINA KEDRA at (973) 765-0100
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. SL MANAGEMENT GROUP SOUTHEAST 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 law of which foreign limited liability company is organized)
3. 87-2403031 (FEI 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)

5. 195 MORRISTOWN RD (Street Address of Principal Office)
BASKING RIDGE, NJ 07920

6. 195 MORRISTOWN RD (Mailing Address)
BASKING RIDGE, NJ 07920

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

Name: KENNETH SILVERMAN

Office Address: 2875 S. OCEAN BLVD, SUITE 104

PALM BEACH, Florida 33480
(City) (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)

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:**
 Manager Name: KENNETH SILVERMAN
 Member Address: 195 MORRISTOWN RD
 Authorized BASKING RIDGE, NJ 07920
Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

Title or Capacity: **Name and Address:**
 Manager Name: BLAKE SILVERMAN
 Member Address: 195 MORRISTOWN RD
 Authorized BASKING RIDGE, NJ 07920
Person _____
 Other _____ Other _____

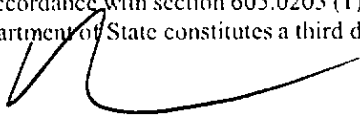
Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 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.



Signature of an authorized person

BLAKE SILVERMAN, EXECUTIVE DIRECTOR

Typed or printed name of signee

2022 MAR 28 PM 6:08

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SL MANAGEMENT GROUP SOUTHEAST 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2022.


AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SL MANAGEMENT GROUP SOUTHEAST LLC" WAS FORMED ON THE THIRTIETH DAY OF AUGUST, A.D. 2021.

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

2022 MAR 28 PM 6:08

611 530




Jeffrey W. Bullock, Secretary of State

6203937 8300

SR# 20220499038

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

Authentication: 202664226

Date: 02-15-22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 MAR 28 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FL

March 12, 2022

BLAKE SILVERMAN
195 MORRISTOWN RD
BASKING RIDGE, NJ 07920 US

SUBJECT: SL MANAGEMENT GROUP SOUTHEAST LLC
Ref. Number: W22000032336

We have received your document for SL MANAGEMENT GROUP SOUTHEAST LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 622A00005935