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(Requestor's Name)

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(City/State/Zip/Phone #)

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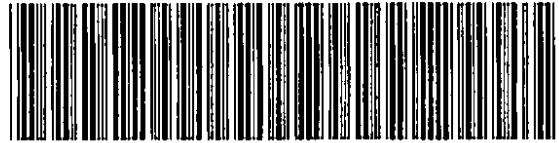
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. HAWKES  
MAR - 2021



**MAZLOUMI LAW**  
**ABRAHAM MAZLOUMI & ASSOCIATES**  
**ATTORNEYS AT LAW, P.C**

**Abraham S. Mazloumi, Esq.\***

Tel 516.466.PLAN (7526)

[Abraham@Mazloumi.com](mailto:Abraham@Mazloumi.com)

March 3, 2022

*\*Also admitted in New Jersey*

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Via Priority Mail

Re: 9511 SURFSIDE 1101 LLC

To whom it may concern:

Enclosed is the application to register 9511 SURFSIDE 1101 LLC, a New York limited liability company, to transact business in Florida.

Also enclosed is a Certificate of Status dated February 23, 2022, and a check made payable to the *Florida Department of State* in the amount of \$155 (for the filing fee, and certified copy of certificate).

If you have any questions or require anything further, please do not hesitate to contact us.

Thank you.

Abraham S. Mazloumi

Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 9511 SURFSIDE 1101 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:

**ABRAHAM S. MAZLOUMI**  
Name of Person

Firm/Company

**175 EAST SHORE ROAD**  
Address

**GREAT NECK, NY 11023**  
City/State and Zip Code

**MBASSALICORP@AOL.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ABRAHAM S. MAZLOUMI** at ( **516** ) **466-7526**  
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. 9511 SURFSIDE 1101 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. NEW YORK  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(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. 62 W 47TH STREET  
(Street Address of Principal Office)

6. 62 W 47TH STREET  
(Mailing Address)

SUITE 1005

SUITE 1005

NEW YORK, NY 10036

NEW YORK, NY 10036

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


Name: KENSINGTON VANGUARD  
ATTN: GLENN ASHER

Office Address: 80 SW 8TH STREET, SUITE 2000

MIAMI, Florida 33130  
(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)

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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 Capacity:**                      **Name and Address:**

☐ Manager              Name: MEHRAN BASSALI

☒ Member              Address: 107 HAMPSHIRE ROAD

☐ Authorized              GREAT NECK, NY 11023

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: MOJDEH BASSALI

☒ Member              Address: 107 HAMPSHIRE ROAD

☐ Authorized              GREAT NECK, NY 11023

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

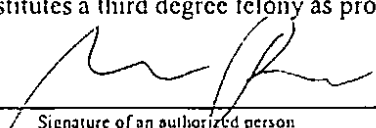
Person \_\_\_\_\_

☐ 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

**MEHRAN BASSALI**

Typed or printed name of signer

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:	9511 SURFSIDE 1101 LLC
DOS ID Number:	6411752
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	02/23/2022
Statement Status:	CURRENT
Statement Due Date:	02/29/2024

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 23, 2022 at 01:29 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State