

W22000009053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

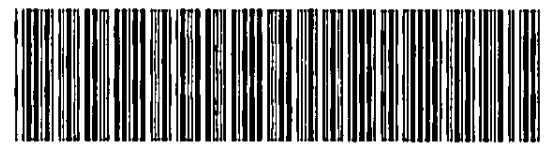
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
W22-67148
00604

Office Use Only



100386433171

05/24/22 10:01:00 -0500 *\$120.00

FILED
2022 JUN 10 8 PM 7:09
SECRETARY OF STATE
TALLAHASSEE, FL

S. FRANKLIN
JUN 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 17301 BISCAYNE 1210 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:

ANDREW WIENER
Name of Person
17301 BISCAYNE 1210 LLC
Firm/Company
C/o Robert Wiener 600 Mamaroneck Avenue
Address
Harris, NY 10528
City/State and Zip Code
Claudia.Mauro@maxxproperties.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Mauro at (914) 899-8015
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

FILED
2022 JUL -8 PM 7:09
SECRETARY OF STATE
TALLAHASSEE, FL

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. 17301 BISCAYNE 1210 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 13-7098603
(Jurisdiction under the law of which foreign limited liability company is organized) (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. C/o Robert R. Wiener
(Street Address of Principal Office)
600 Mamaroneck Avenue
Harrison, NY 10528

6. C/o Robert R. Wiener
(Mailing Address)
600 Mamaroneck Avenue
Harrison, NY 10528

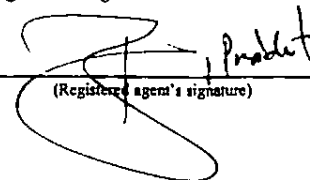
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: The Jacobs Law Group
Office Address: 20700 West Dixie Highway
Aventura, Florida 33180
(City) (Zip code)

FILED
2021 JUN 8 PM 7:09
SECRETARY OF STATE
TALLAHASSEE, FL

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]:

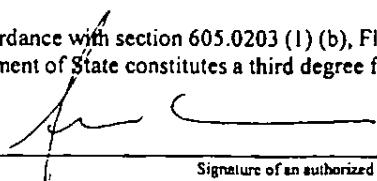
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Andrew Wiener	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 600 Mamaroneck Avenue	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	Harris, NY 10528	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

FILED
 2021 JUN -8 PM 7:09
 SECRETARY OF STATE
 TALLAHASSEE, FL

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
 Andrew Wiener

 Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "17301 BISCAYNE 1210 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 THIRD DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "17301 BISCAYNE 1210 LLC" WAS FORMED ON THE ELEVENTH DAY OF APRIL, A.D. 2022.

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

FILED
2022 JUN -8 PM 7:09
SECRETARY OF STATE
TALLAHASSEE, FL




Jeffrey W. Bullock, Secretary of State

6730254 8300

SR# 20221748784

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

Authentication: 203331526

Date: 05-03-22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2022

ANDEW WIENER
C/O ROBERT WIENER
600 MAMARONECK AVENUE
HARRIS, NY 10528 US

SUBJECT: 17301 BISCAYNE 1210 LLC
Ref. Number: W22000067148

We have received your document for 17301 BISCAYNE 1210 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):

The registered agent must sign accepting the designation. - *Signed*

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: 022A00011656

RECEIVED
JUN 15 2022