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(Requestor's Name)	_
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(Address)	_
(City/State/Zip/Phone #)	_
(Business Entity Name)	_
(Document Number)	_
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S. FRANKLIN JUL 14 2022

COVER LETTER

TO: Registration Section Division of Corporations

340 BPR, LLC

SUBJECT: _____

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:

Debra Kamerman Name of Person Silverman Realty Group, Inc. Firm/Company 237 Mamaroneck Avenue PH 8: Address White Plains, New York 10605 City/State and Zip Code debrak@silvermanrealty.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 914 683-8000 Debra Kamerman at Davtime Telephone Number Name of Contact Person Area Code Street Address: 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 paya	ble to: FLORIDA DEPARTM	IEN	VT OF STATE	
\$125.00 Filing Fee	□ \$130.00 Filing Fee &		\$155.00 Filing Fee &	D \$160.00 Filing Fee, Certificate
_	Certificate of Status	5	Certified Copy	of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION (05.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. _____ 340 BPR, LLC

. . .

if name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida The	alternate name must include "Limited Liability Company," "L.L.C," or	"LL	
DELAWARE		2	13-4094026		
(Jurisdiction under the law of which foreign limited liability company is organized)		3.	(FEI number, if applicable)	(FEI number, if applicable)	
l					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration ine penalty	habitty)		
237 MAMARONECK	AVENUE	6.	237 MAMARONECK AVENUE		
street Address of Principal Office)			(Mailing Address)		
WHITE PLAINS, NEW	V YORK 10605		WHITE PLAINS, NEW YORK 10605	: 	
				51	
				2	
. Name and <u>street addres</u>	<u>is</u> of Florida registered agent: (P.O. Box	NOT a	acceptable)		
Name:	ADAM SILVERMAN				
Office Address:	9300 Biaggio Road				
Office Address:					
Office Address:	Boca Raton		33496 , Florida		

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)

C

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
∎Manager	Name:	Manager	Jill Greenspan Name:
Member	Address:	□Member	Address:
□Authorized	White Plains, New York 10605	□Authorized	White Plains, New York 10605
Person		Person	
Other	Other	DOther	Other
■Manager	Leon Silverman	□Manager	Name:
□Member	Address: 237 Mamaroneck Avenue	□Member	Address:
Authorized	White Plains, New York 10605	□Authorized	
Person		Person	ليعليم في الله الله الله الله الله الله الله الل
Other	Other	Other	0îher
□Manager	Name:	□Manager	Name: FH 0
□Member	Address:	□Member	Address:
Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other

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]:

•••••••••

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.

Que pieur	
Jill Greenspan	Signature of an authorized person

Typed or printed name of signer

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "340 BPR, 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-SEVENTH DAY OF JUNE, A.D. 2022.





ck, Secretary of State W. ELuit

Authentication: 203780752 Date: 06-27-22

6328048 8300

SR# 20222780308 You may verify this certificate online at corp.delaware.gov/authver.shtml

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2022

DEBRA KAMERMAN 237 MAMARONECK AVENUE WHITE PLAINS, NY 10605 US

SUBJECT: 340 BPR, LLC Ref. Number: W22000081409

We have received your document for 340 BPR, 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: 022A00013442

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www.sunbiz.org

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