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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

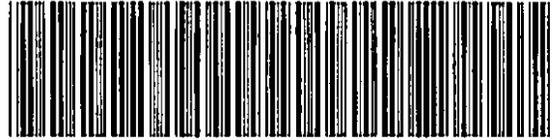
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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August 15, 2022

VIA FEDERAL EXPRESS

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

Re: Sky Gate Properties LLC

To Whom It May Concern:

Please register Sky Gate Properties LLC, a New Jersey limited liability company, to do business in Florida. Enclosed related to this request are the following documents:

1. Form Cover Letter.
2. Application;
3. New Jersey Good Standing Certificate dated August 12, 2022;
4. Check in the amount of \$155.00

Kindly return proof of filing to me at the above address. Should you need anything further, feel free to contact me.

Thank you.

Very truly yours,

Dorothy E. Bolinsky

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKY GATE PROPERTIES 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:

DOROTHY BOLINSKY, ESQ
Name of Person

FAEURE DRINKER BIDDLE & REATH LLP
Firm/Company

105 COLLEGERD E. SUITE 300
Address

PRINCETON NT 08542
City/State and Zip Code

DOROTHY.BOLINSKY@FAEUREDRIKNER.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOROTHY BOLINSKY at (409) 870 0533
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. SKY GATE PROPERTIES 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. NJ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 8-31-22
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 105 COLLEGERO, SUITE 300 6. SAME
(Street Address of Principal Office) (Mailing Address)

PRINCETON NJ 08542

C/O FAELRE DRINKER

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

Name: DOROTHY BOLINSKY

Office Address: 2704 Grand Harbour Ct

KISSIMMEE, Florida 34747
(City) (Zip code)

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STATE OF 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.

[Signature]
(Registered agent's signature)

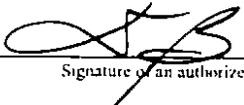
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>DOROTHY BOLINSKY</u>	<input type="checkbox"/> Manager	Name: <u>DOROTHY BUTLER</u>
<input checked="" type="checkbox"/> Member	Address: <u>13 WOODSFIELD CT</u>	<input checked="" type="checkbox"/> Member	Address: <u>812 RICHARD RD.</u>
<input type="checkbox"/> Authorized Person	<u>MEDFORD NJ 08055</u>	<input type="checkbox"/> Authorized Person	<u>CHERRY HILL NJ 08034</u>
<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 _____

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

DOROTHY BOLINSKY

Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

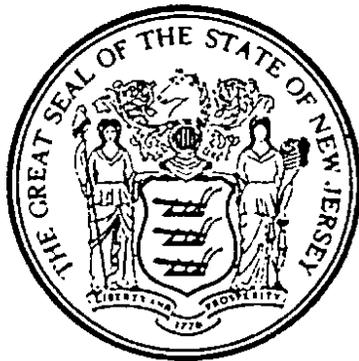
SKY GATE PROPERTIES LLC
0600138907

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 19, 2002.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

*DOROTHY E BOLINSKY ESQ
DRINKER BIDDLE & SHANLEY LLP
105 COLLEGE RD EAST PO BOX 627
PRINCETON, NJ 08542*



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
12th day of August, 2022*

A handwritten signature in black ink, appearing to read 'Elizabeth Maher Muoio'.

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6134785651

Verify this certificate online at:

https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp