

8/24/22, 9:11 AM

Division of Corporations

M22000013357

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
Modwell Real Estate LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 05       |
| Estimated Charge      | \$155.00 |

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S. ROBERTS

AUG 24 2022

DocuSign Envelope ID: C15C86F8-411E-4872-AD4D-81197B83EFDE

# 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. Modwell Real Estate 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. \_\_\_\_\_  
(TIN 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. 6 Pheasant Woods Lane  
(Street Address of Principal Office)

6. 6 Pheasant Woods Lane  
(Mailing Address)

East Hampton, NY 11937

East Hampton, NY 11937

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.

By: C T Corporation System Bernadette Baker, Bernadette Baker, Asst. Secretary  
(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]:

| <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>Gary Reisman</u>              | <input type="checkbox"/> Manager       | Name: <u>MODWELL HOLDINGS INC.</u>     |
| <input type="checkbox"/> Member                | Address: <u>6 Pheasant Woods Lane</u>  | <input type="checkbox"/> Member        | Address: <u>6 Pheasant Woods Lane</u>  |
| <input checked="" type="checkbox"/> Authorized | <u>East Hampton, NY 11937</u>          | <input type="checkbox"/> Authorized    | <u>East Hampton, NY 11937</u>          |
| Person   | <u></u>                                | Person                                 | <u></u>                                |
| Other <u></u>                                  | <input type="checkbox"/> Other <u></u> | Other <u></u>                          | <input type="checkbox"/> Other <u></u> |
| <input type="checkbox"/> Manager               | Name: <u></u>                          | <input type="checkbox"/> Manager       | Name: <u></u>                          |
| <input type="checkbox"/> Member                | Address: <u></u>                       | <input type="checkbox"/> Member        | Address: <u></u>                       |
| <input type="checkbox"/> Authorized            | <u></u>                                | <input type="checkbox"/> Authorized    | <u></u>                                |
| Person   | <u></u>                                | Person                                 | <u></u>                                |
| <input type="checkbox"/> Other <u></u>         | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> |
| <input type="checkbox"/> Manager               | Name: <u></u>                          | <input type="checkbox"/> Manager       | Name: <u></u>                          |
| <input type="checkbox"/> Member                | Address: <u></u>                       | <input type="checkbox"/> Member        | Address: <u></u>                       |
| <input type="checkbox"/> Authorized            | <u></u>                                | <input type="checkbox"/> Authorized    | <u></u>                                |
| Person   | <u></u>                                | Person                                 | <u></u>                                |
| <input type="checkbox"/> Other <u></u>         | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> |

**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.

DocuSigned by:

Gary Reisman

347E338A3AF410

Signature of an authorized person

Gary Reisman

Typed or printed name of signer

## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I, ROBERT J. RODRIGUEZ, 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:                     | MODWELL REAL ESTATE LLC            |
| DOS ID Number:                   | 5778470                            |
| Entity Type:                     | DOMESTIC LIMITED LIABILITY COMPANY |
| Entity Status:                   | EXISTING                           |
| Date of Initial Filing with DOS: | 07/01/2020                         |
| Statement Status:                | CURRENT                            |
| Statement Due Date:              | 07/31/2022                         |

I certify that the following is a list of documents on file in the Department of State for said entity:

|                 |                          |
|-----------------|--------------------------|
| Document Type:  | ARTICLES OF ORGANIZATION |
| Date of Filing: | 07/01/2020               |
| Entity Name:    | MODWELL REAL ESTATE LLC  |

|                 |                            |
|-----------------|----------------------------|
| Document Type:  | CERTIFICATE OF PUBLICATION |
| Date of Filing: | 12/02/2020                 |

Above space is left blank intentionally.

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 August 18, 2022 at  
04:24 P.M.



ROBERT J. RODRIGUEZ, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State