

T. LEMIEUX  
SEP -9 2022



CLARK, CAMPBELL, LANCASTER,  
WORKMAN & AIRTH, P.A.  
— ATTORNEYS AT LAW —

H. ADAM AIRTH, JR., LL.M.  
KEVIN R. ALBAUM<sup>4</sup>  
ZACHARY H. BROWN  
TIMOTHY F. CAMPBELL<sup>1,3</sup>  
SABRINA L. CHIANESE  
RONALD L. CLARK<sup>1</sup>  
JOSEPH A. GEARY  
KYLE H. JENSEN  
JOHN J. LANCASTER, LL.M.<sup>2</sup>  
ELLIOTT V. MITCHELL  
PETER J. MUNSON  
MICHAEL E. WORKMAN<sup>1</sup>  
.....

BOARD CERTIFICATIONS:  
1. REAL ESTATE 2. TAX LAW  
3. CITY, COUNTY & LOCAL GOVERNMENT  
4. ELDER LAW

August 29, 2022

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

**TRANSMITTED BY FEDERAL EXPRESS**  
**OVERNIGHT DELIVERY**

Re: Application by Foreign Limited Liability Company for Authorization to Transact  
Business in Florida/Aleph at Old Medulla, LLC, a Delaware LLC

Dear Sir/Madam:

Please find enclosed the following:

1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Aleph at Old Medulla, LLC, a Delaware LLC;
2. Delaware Certificate of Good Standing for Aleph at Old Medulla, LLC; and
3. Our check in the amount of \$125.00 representing the filing fees.

Should you have any questions regarding this request, please feel free to contact me.

Sincerely,

*Michelle Eliassen*

Michelle Eliassen  
Legal Assistant

Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Aleph at Old Medulla 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:

Timothy F. Campbell

\_\_\_\_\_  
Name of Person

Clark, Campbell, Lancaster, Workman & Airth, P.A.

\_\_\_\_\_  
Firm/Company

500 South Florida Avenue, Suite 800

\_\_\_\_\_  
Address

Lakeland, Florida 33801

\_\_\_\_\_  
City/State and Zip Code

tcampbell@clarkcampbell-law.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy F. Campbell

863 647-5337  
at ( )

\_\_\_\_\_  
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. Aleph at Old Medulla 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  
(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. 3611 14th Avenue  
(Street Address of Principal Office)

6. 3611  
(Mailing Address)

14th Avenue, Suite 600

14th Avenue, Suite 600

Brooklyn, New York 11218

Brooklyn, New York 11218

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

Name: Timothy F. Campbell

Office Address: 500 South Florida Avenue, Suite 800

Lakeland, Florida 33801  
(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.*

Timothy F. Campbell  
(Registered agent's signature)

FILED  
2022 AUG 30 AM 11:14  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF FLORIDA


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 checked="" type="checkbox"/> Manager	Name: <u>David Sinay</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>3611 14th Avenue, Suite 600</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Brooklyn, New York 11218</u>	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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.

DocuSigned by:  
  
 80447B2B3322416 .. 8/5/2022  
 Signature of an authorized person

David Sinay, Manager

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALEPH AT OLD MEDULLA 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 ELEVENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALEPH AT OLD MEDULLA LLC" WAS FORMED ON THE THIRTEENTH DAY OF MAY, A.D. 2022.

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



6798284 8300

SR# 20223235368

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204137456

Date: 08-11-22