

9/9/22, 10:20 AM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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From:

Account Name : DUANE MORRIS LLP
Account Number : 119990000059
Phone : (305)960-2217
Fax Number : (305)397-2683

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

Email Address: AJGUSS@DUANEMORRIS.COM

Foreign Limited Liability Company
24 EAST 73, LLC

Certificate of Status	0
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Corporate Filing Menu

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S. ROBERTS

SEP - 9 2022

H22000311596

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. 24 EAST 73, 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.

(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)

c/o Duane Morris LLP, Attn: Amy J. Guss

c/o Duane Morris LLP, Attn: Amy J. Guss

5. (Street Address of Principal Office)

6. (Mailing Address)

230 Park Ave., Ste. 1130

230 Park Ave., Ste. 1130

New York, NY 10169-0079

New York, NY 10169-0079

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida

32301

(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.



(Registered agent's signature)

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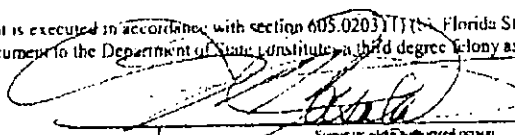
3. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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>Magdalene Casola</u>	<input type="checkbox"/> Manager	Name: <u>Magdalene M. Casola Family Trust of 2020</u>
<input type="checkbox"/> Member	Address: <u>c/o Duane Morris LLP, Attn: Amy Guss</u>	<input checked="" type="checkbox"/> Member	Address: <u>c/o Duane Morris LLP, Attn: Amy Guss</u>
<input checked="" type="checkbox"/> Authorized Person	<u>230 Park Ave., Ste. 1130</u> <u>New York, NY 10169-0079</u>	<input type="checkbox"/> Authorized Person	<u>230 Park Ave., Ste. 1130</u> <u>New York, NY 10169-0079</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 authorized person
Magdalene Casola

 Typed or printed name of signer

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STATE OF NEW YORK

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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: 24 EAST 73, LLC
DOS ID Number: 2306686
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 10/15/1998

Statement Status: CURRENT
Statement Due Date: 10/31/2022

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 September 09, 2022 at 09:24 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State

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