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Florida Department of State
Division of Corporations
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**Foreign Limited Liability Company
WILK REAL ESTATE I, LLC**

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September 15, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RASI

SUBJECT: WILK REAL ESTATE I, LLC
REF: W22000117281

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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STANTON H ROBERTS
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2022-09-15
WILK REAL ESTATE I, LLC
Certificate of Status

Notarized by Notary Public, State of Florida, Commission Expires 09/15/2024

Filed 9/15/2022

2022-09-15
WILK REAL ESTATE I, LLC
Certificate of Status

Notarized by Notary Public, State of Florida, Commission Expires 09/15/2024

P.O. BOX 6327 - Tallahassee, Florida 32314

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. WILK REAL ESTATE I LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 03-0599375

(FEI number, if applicable)

4. Upon filing(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 5601 COLLINS AVE SUITE CUI

(Street Address of Principal Office)

6. 5601 COLLINS AVE SUITE CUI

(Mailing Address)

MIAMI BEACH, FL 33140MIAMI BEACH, FL 331407. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: ALBERT WILKOffice Address: 5601 COLLINS AVE SUITE CUIMIAMI BEACH

(City)

, Florida

33160

(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)

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: ALBERT WILK	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 19380 COLLINS AVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	APT 403	<input type="checkbox"/> Authorized	_____
Person	SUNNY ISLES BEACH, FL 33160	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 605.0703 (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

ALBERT WILK-MEMBER

Typed or printed name of signat

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: WILK REAL ESTATE I, LLC
DOS ID Number: 3362199
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 05/15/2006
Statement Status: CURRENT
Statement Due Date: 05/31/2022

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: 05/15/2006
Entity Name: WILK REAL ESTATE I, LLC

Document Type:
Date of Filing:
Entity Name:

Document Type: CERTIFICATE OF PUBLICATION
Date of Filing: 11/27/2006

Document Type:
Date of Filing:

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/22/2010
Effective Date: 05/01/2010

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/26/2012
Effective Date: 05/01/2012

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/06/2014
Effective Date: 05/01/2014

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/13/2016
Effective Date: 05/01/2016

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/07/2020
Effective Date: 05/01/2020

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 07, 2022
at 04:42 P.M.



ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State