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Florida Department of State  
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Email Address: dovlok94@gmail.com

Foreign Limited Liability Company  
3310 NW 64th Street LLC

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SEP 23 2022

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# 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. 3310 NW 64TH STREET 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.")

DELAWARE

2. (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)

23 Glenbrook Road

23 Glenbrook Road

5. (Street Address of Principal Office)

6. (Mailing Address)

Monsey, NY 10952

Monsey, NY 10952

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

Name: Levi Vogel

Office Address: 9507 NW 38th Street

Coral Springs, Florida 33434  
(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.

/s/ Levi Vogel

(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>Ira Reifer</u>	<input type="checkbox"/> Manager	Name: <u>Mindy Reifer</u>
<input checked="" type="checkbox"/> Member	Address: <u>23 Glenbrook Road</u>	<input checked="" type="checkbox"/> Member	Address: <u>23 Glenbrook Road</u>
<input type="checkbox"/> Authorized	<u>Monsey, NY 10952</u>	<input type="checkbox"/> Authorized	<u>Monsey, NY 10952</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>Moshe Erlich</u>	 <input type="checkbox"/> Manager	 Name: <u>Jordan Reifer</u>
 <input checked="" type="checkbox"/> Member	 Address: <u>23 Glenbrook Road</u>	 <input checked="" type="checkbox"/> Member	 Address: <u>23 Glenbrook Road</u>
 <input type="checkbox"/> Authorized	 <u>Monsey, NY 10952</u>	 <input type="checkbox"/> Authorized	 <u>Monsey, NY 10952</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.

/s/ Ira Reifer

Signature of an authorized person

Ira Reifer

Typed or printed name of signer

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "3310 NW 64TH STREET 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 TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3310 NW 64TH  
STREET LLC" WAS FORMED ON THE NINETEENTH DAY OF SEPTEMBER, A.D.  
2022.

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



7038408 8300

SR# 20223604223

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 in a small font.

Authentication: 204467068

Date: 09-23-22