

11/10/22 12:59 PM

Division of Corporations

# M22000017183

Florida Department of State  
Division of Corporations  
E. Bronfman Building, 1000 Bank of America Tower  
Tallahassee, FL 32399-0001

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To:

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

From:

Account Name : INTERSTATE FILINGS LLC  
Account Number : I20110000086  
Phone : (718)569-2703  
Fax Number : (718)504-7890

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

Email Address: ORDERS@INTERSTATEFILINGS.COM

## Foreign Limited Liability Company

### 11101 N 46TH LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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| Page Count            | 03       |
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S. ROBERTS

NOV 14 2022

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 11101 N 46TH 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. If alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. MARYLAND 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FID number, if applicable)

4. \_\_\_\_\_  
(File first transacted business in Florida, if prior to registration)  
(See sections 603.004 & 603.005, F.S. to determine penalty liability)

5. 2703 JENNER DRIVE, APT F 6. 2703 JENNER DRIVE, APT F  
(Street Address of Principal Office) (Mailing Address)

BALTIMORE, MD 21209

BALTIMORE, MD 21209

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

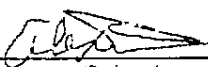
Name: Interstate Agent Services, LLC

Office Address: 100 SE 2ND STREET SUITE 2000 #209

MIAMI 33131  
(City) Florida (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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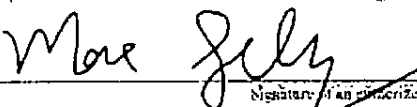
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

| <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: DEREK MAXIMILIAN SELIG      | <input checked="" type="checkbox"/> Manager | Name: AVROHOM YUDKOWSKY        |
| <input type="checkbox"/> Member             | Address: 2703 JENNER DRIVE, APT F | <input type="checkbox"/> Member             | Address: 7943 STEVENSON ROAD   |
| <input type="checkbox"/> Authorized         | BALTIMORE, MD 21209               | <input type="checkbox"/> Authorized         | BALTIMORE, MD 21208            |
| 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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
 DEREK MAXIMILIAN SELIG  
 \_\_\_\_\_  
 Typed or printed name of signer

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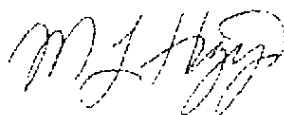
**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

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I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT 11101 N 46TH LLC (W23405517), REGISTERED NOVEMBER 04, 2022, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 10, 2022.



Michael L. Higgs  
Director



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice

Online Certificate Authentication Code: uuJZl4q-GE\_rPg3-TgvvZg  
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