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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : NRAI SERVICES, LLC  
Account Number : 120080000104  
Phone : (302)674-4089  
Fax Number : (302)674-5266

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

Email Address: rrico@creseentheights.com

Foreign Limited Liability Company  
127 NE 11TH STREET NORTH OWNER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2023 JUN 19 AM 11:59  
LLC

**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. 127 NE 11TH STREET NORTH OWNER, 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 3. TO BE APPLIED FOR  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. AT FORMATION  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2200 BISCAYNE BOULEVARD 6. 2200 BISCAYNE BOULEVARD  
(Street Address of Principal Office) (Mailing Address)

MIAMI, FLORIDA 33137 MIAMI, FLORIDA 33137

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

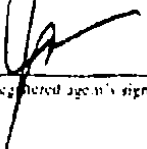
Name: JONATHAN NEWBERG

Office Address: 2200 BISCAYNE BOULEVARD

MIAMI, Florida 33137  
(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.*

By:   
(Registered agent's signature)

2023 JAN 19 AM 11:59  
L.L.C.

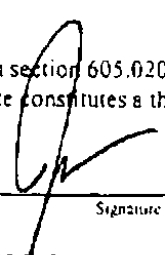
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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>MARISA GALBUT</u>	<input type="checkbox"/> Manager	Name: <u>JONATHAN NEWBERG</u>
<input type="checkbox"/> Member	Address: <u>2200 BISCAYNE BLVD</u>	<input type="checkbox"/> Member	Address: <u>2200 BISCAYNE BLVD</u>
<input type="checkbox"/> Authorized	<u>MIAMI, FL 33137</u>	<input type="checkbox"/> Authorized	<u>MIAMI, FL 33137</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>PRES</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>VP</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>SHLOMO DACHOH</u>	 <input type="checkbox"/> Manager	Name: <u>PABLO DEALMAGRO</u>
<input type="checkbox"/> Member	Address: <u>2200 BISCAYNE BLVD</u>	<input type="checkbox"/> Member	Address: <u>2200 BISCAYNE BLVD</u>
<input type="checkbox"/> Authorized	<u>MIAMI, FL 33137</u>	<input type="checkbox"/> Authorized	<u>MIAMI, FL 33137</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>SEC</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>TREAS</u>	<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

JONATHAN NEWBERG, VP

Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "127 NE 11TH STREET NORTH OWNER, 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 NINETEENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "127 NE 11TH STREET NORTH OWNER, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2023.

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



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

7243755 8300

SR# 20230185286

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

Authentication: 202525322

Date: 01-19-23