M23000

| (Requestor's Name) |
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| |
| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| (exposition) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer |
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Office Use Only



400400889874

2023 JAN 27 AM II: 43

JAN 27 2023 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | | | |
|--|--|--|--|--|--|--|--|
| REFERENCE: 415421 7323654 | | | | | | | |
| AUTHORIZATION : Spelled 1300 | | | | | | | |
| COST LIMIT : \$ 125.00 | | | | | | | |
| ORDER DATE : January 26, 2023 | | | | | | | |
| ORDER TIME : 9:06 AM | | | | | | | |
| ORDER NO. : 415421-005 | | | | | | | |
| CUSTOMER NO: 7323654 | | | | | | | |
| | | | | | | | |
| FOREIGN FILINGS | | | | | | | |
| | | | | | | | |
| NAME: OPEN REALTY ADVISORS LLC | | | | | | | |
| | | | | | | | |
| XXXX QUALIFICATION (TYPE: <u>LL</u>) | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | |
| CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | | | | | | | |
| CONTACT PERSON: Alexxis Weiland EXT# | | | | | | | |

EXAMINER: _____

COVER LETTER

| | legistration Section Division of Corporations | | | | |
|---|--|--|--|--|--|
| SUBJECT | Open Realty Advisors LLC | | | | |
| | Name of Limited Liability Company | | | | |
| | | Liability Company for Authorization to Transact Business in Florida," Cohe above referenced foreign limited liability company to transact business | | | |
| Please retu | irn all correspondence concerning the | s matter to the following: | | | |
| | | Name of Person | | | |
| | Open Realty Advisors LLC | ; | | | |
| | | Firm/Company | | | |
| | | | | | |
| | | Address | | | |
| | New York, NY 10022 | | | | |
| | | City/State and Zip Code | | | |
| | Entity_management@canto | r.com | | | |
| | E-mail addr | ess: (to be used for future annual report notification) | | | |
| For further | information concerning this matter. | please call: | | | |
| E | Entitity Management | 212 372-2000 at () | | | |
| | Name of Contact Per | son Area Code Daytime Telephone Number | | | |
| | lailing Address: | Street Address: | | | |
| Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Registration Section Division of Corporations | | | |
| | | The Centre of Tallahassee | | | |
| | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |
| Pl | <u> </u> | | | | |

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIAL COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Open Realty Adviso | | ··· | WW. V. S. W. S. V. S. V. | | | _ |
|--|--|---|----------------------------------|------------------|-------------|-----------|
| - | Limited Liability Company; must include "Limite LLC fka Open Realty Advisors, a Nev | , | | | | |
| (If name unavailable, enter alternate a | name adopted for the purpose of transacting business in F | lorida. The alternate | name must include "Limited Liabi | lity Company," ' | L. L. C." o | r "LLC.") |
| Delaware 2. // // // // // // // // // // // // // | 27-3728174 3. (FEI number, if applicable) | | | | | |
| (Jurisdiction under the law of w | (FEI number, if applicable) | | | | | |
| January 26, 2023 | | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ | registration) ine penalty liability | | | | |
| 110 East 59th Street | l | | East 59th Street | | | |
| (Street Address of Principal Office) | | (| Mailing Address) | | | _ |
| New York, NY 10022 | 2 | New | York, NY 10022 | | | |
| | | | | , | 2023 | _ |
| 7. Name and street address | ss of Florida registered agent: (P.O. Box | NOT acceptable) | | 940 11 1 | JAH 27 | - FILEI |
| Name: | Corporation Service Company | | - | | PM 2: | _, |
| Office Address: | 1201 Hays Street | | - | : | 2։ կ9 | |
| | Tallahassee | | 32301 . Florida | _ | | |
| | (Cuy) | | (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 agr 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.

Corporation Service Company

By: Wilm assistent va cresident

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authoriz manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: _ Richard A. Maletsky James Kuhn □Manager □Manager Address: 110 East 59th Street Address: ___ 110 East 59th Street □ Member □ Member New York, NY 10022 New York, NY 10022 **Authorized** ■Authorized Person Person □Other____ □Other_____ Other_____ □Other Michael Rispoli Name: _ □Manager □Manager Address: 110 East 59th Street Address: 110 East 59th Street □Member □Member New York, NY 10022 New York, NY 10022 **■**Authorized Authorized Person Person □Other ___ □Other □Other_____ □Other____ Name: ______ Name: ______ □Manager □Manager □Member Address: _____ □Member Address: □ Authorized ☐ Authorized Person Person □Other ___ □Other □Other ____ □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Typed or printed name of signee

Richard A. Maletsky



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OPEN REALTY ADVISORS 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-SIXTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPEN REALTY ADVISORS LLC" WAS FORMED ON THE TWENTIETH DAY OF OCTOBER, A.D. 2010.

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

Authentication: 202585628

Date: 01-26-23