## M23000003206

(Description Nove)						
(Requestor's Name)						
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PICK-UP WAIT MAIL						
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2023 MAR | 3 AM 10: 50



1748 | 4 2023 < Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 560979 5141221

AUTHORIZATION : Springe

COST LIMIT : \$ 125.00

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ORDER DATE: March 10, 2023

ORDER TIME : 10:15 AM

ORDER NO. : 560019-010

CUSTOMER NO: 5141221

\_\_\_\_\_

## FOREIGN FILINGS

NAME: SW 71 OWNER LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida. The alter	nate name must include "Limited Liabilit	y Company," "L	L.C," or	LLC.")
Delaware 2		3				
(Jurisdiction under the law of which foreign limited liability company is organized)		J. <u> </u>	(FEI number, if	applicabl <del>e</del> (		_
4.						
	(Date first transacted business in Florida, if prior 1See sections 605,0904 & 605,0905, F.S. to deter	to registration ) mine penalty liab	ilíty)	_		
c/o Spiegel Associates		c/c	6. (Mailing Address)			
5. [Street Address of Principal Office)		0	(Mailing Address)			_
375 North Broadway		37	5 North Broadway			_
Jericho, NY 11753		Jei	richo, NY 11753		2	
7. Name and street address	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acco	eptable)		23 HAR 13 AN 10: 5	- - 13 - 13 - 13 - 13 - 13 - 13 - 13 - 1
Name:	Corporation Service Company				2	: 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1
Office Address:	1201 Hays Street			· <del>-</del> :	10: 50	•
	Tallahassee		. Florida(Zip code)			
	(Cay)		(Zip code)	<del></del>		
designated in this applica to comply with the provisi	gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.	as registered or and compl	I agent and agree to act in the lete performance of my dutie	is capacity.	I furt.	her agree
	Alierro Walard-	signatur)	Aup	_		

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]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name: \_\_\_\_SW Florida Holdings LLC Name: □Manager □ Manager c/o Spiegel Associates □Member Address: ■Member 375 North Broadway □ Authorized □ Authorized Jericho, NY 11753 Person Person □Other\_\_\_\_ □Other\_\_\_\_ Other\_ ☐Other\_\_\_\_ □Manager Name: □Manager Name: \_\_\_\_\_ Address: Address: \_\_\_\_ □Member □Member ☐ Authorized □ Authorized Person Person □Other □Other □Other Other \_\_\_\_\_ Name: □Manager □Manager Address: □Member □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. /s/Harry Szenicer Signature of an authorized person Harry Szenicer Typed or printed name of signee

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SW 71 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 THIRTEENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SW 71 OWNER LLC" WAS FORMED ON THE TENTH DAY OF MARCH, A.D. 2023.

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

Authentication: 202895370

Date: 03-13-23