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XX	РНОТОСОРУ		
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XX	FILING	FOREIGN LLC	
1.	BPX TALLY TIC 3 LLC		
	(CORPORATE NAME AND DOCUME	NT #)	
2.			
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	(CORPORATE NAME AND DOCUME	:NT #)	
SPECI.	AL UCTIONS:		

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

IN COMPILANCE 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:

	name adopted for the purpose of transacting business in Flo	orida. The	alternate name must include "Limited Liabili	ity Company," '	'L.L.C." or "l	LLC.
DELAWARE		3.	(FEI number, i			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, i	l'applicable)		-
·	(Date Next term wited however, in Florida, if again to a	enterless v.v.	3			
	(Date first transacted business in Florida, if prior to n (See sections 605 0904 & 605,0905, F.S. to determine	re penalty	liability)			
45 BAYVIEW AVE.		6.	45 BAYVIEW AVE. (Mailing Address)			
treet Address of Principal Office)		0.	(Mailing Address)			-
INWOOD, NY 11096			INWOOD, NY 11096			
Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> :	acceptable)		2023 H.T	-
Name:	RIVERSIDE FILINGS LLC			·.	MAT - 9	
Office Address:	155 OFFICE PLAZA DRIVE, 1ST FLO	OOR		• •	PH	; •
	TALLAHASSEE		32301 Florida		6: 43	
	(City)		(Zîp code)		~~	

and accept the obligations of my position as registered agent.

/S/ ELLIOTT TEITELBAUM	
(Registered agent's signature)	

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: Title or Capacity: Name and Address: Name: YECHESKEL MILSTEIN **■**Manager □Manager 45 BAYVIEW AVE. Address: □Member □Member Address: INWOOD, NY 11096 □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ Other\_\_\_ Other\_\_\_\_ □Other\_\_\_ Name: \_\_\_\_ Name: \_\_\_\_\_ Manager ☐ Manager □Member □Member Address: Address: □ Authorized □ Authorized Person Person Other\_\_\_\_ □Other Other □Other □Manager Name: □Manager Name: Address: □Member □Member □ 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/ELLIOTT TEITELBAUM Signature of an authorized person **ELLIOTT TEITELBAUM** 

Typed or printed name of signee

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BPX TALLY TIC 3 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 NINTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BPX TALLY TIC 3 LLC" WAS FORMED ON THE EIGHTH DAY OF MAY, A.D. 2023.

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

and core delaware gov/aut

Authentication: 203305708

Date: 05-09-23

7448100 8300 SR# 20231900727