M23000012147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only

400415612894

APPROVED
AND
FILED
2023 SEP 21 AM 9:44

RECEIVED
2023 SEP 21 PM 1:25

SEP 21 2023

K. Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 09/21/2023

WALK IN

ENTITY NAME MC NW 7th Ave LLC

DOCUMENT NUMBER _____

PLEASE FILE THE ATTACHED AND RETURN

_____	*Plain Copy*
XXXXXXXXXX	*Certified Copy*
_____	*Certificate of Status*
_____	_____

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

_____	*Certified Copy of Arts & Amendments*
_____	*Certificate of Good Standing*
_____	_____

APOSTILLE' / NOTARIAL CERTIFICATION

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 155.00

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. ***Thank you*** *so much!*

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MC NW 7th Ave LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Angela Fletcher
Name of Person

Bridge Service Corp.
Firm/Company

299 Broadway, Ste. 1508
Address

New York, NY 10007
City/State and Zip Code

afletch@bridgeservice.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Fletcher at (212) 267-8600
Name of Contact Person — Area Code — Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ■ $155.00 Filing Fee & Certified Copy ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE 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:

1. MC NW 7th Ave 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 402 Union Street
P.O. Box 37
Hudson, NY 12534
(Street Address of Principal Office)

6. 402 Union Street
P.O. Box 37
Hudson, NY 12534
(Mailing Address)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation (City), Florida 33324 (Zip code)

2023 SEP 21 AM 9:44

APPROVED AND FILED

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

_____
(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:
☐Manager	Name: Daniel Alvarez	☐Manager	Name:
☐Member	Address: 8 Spruce St., #37R	☐Member	Address:
■Authorized	New York, New York 10038	☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized		☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐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. 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.

Daniel Alvarez

Signature of an authorized person

Daniel Alvarez

Typed or printed name of signee

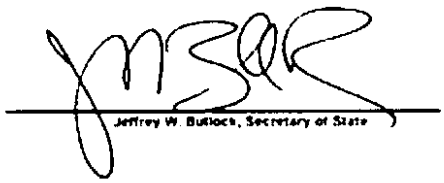
Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MC NW 7TH AVE 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-FIRST DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MC NW 7TH AVE LLC" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2023.

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



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SR# 20233546709

Authentication: 204212955

Date: 09-21-23

You may verify this certificate online at corp.delaware.gov/authver.shtml