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Division of Corporations

Florida Department of State Division of Corporations

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(((11240000175593)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)559-2703 Fax Number : (718)504-7890

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

Email Address: hazel@interstatefilings.com



Foreign Limited Liability Company OKAHUMKA RE Z LLC

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Electronic Filing Menu — Corporate Filing Menu

Help

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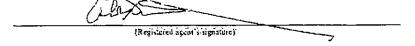
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPTANCE WITH SECTION 6050002 FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATU OF FLORIDA:

1. OKAHIJMKA REZ 1. (Name of Foraign	LC Timited Liability Company; ourst include "Uninted I	Jabitity Company, "T.T. C."	or "11.C"5		
DELAWARE	name adopted for the purpose of fransacting business in Fiero		de "Lumited () altibity Co (Wil number, (Capp)		
(forisdiction under the law of w	high fereign limited hability company is organized) (Pare that transacted business in Plands of prior to re- (See sections 603 196) & 603 6903 F.S. to determine			ir,afi-c j	
2071 Flatbush Ave, St 5. Sticet Address of Principal Office)	nte 22	2071 Flatbush Av	ve. Suite 22		-
Brooklyn, NY 11234		Brooklyn, NY 11	234	y 2	_
7. Name and street address	is of Florida registered agent (P.O. Box.)	NOT acceptable)		I IVE	
Name.	INTERSTATE AGENT SERVICES, LI	.C		2 PH 7	1
Office Address.	160 SE 2ND STREET, SUITE 2000 #20		3131	7: 51	
	(Ciry)	Florida	(Zap 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.



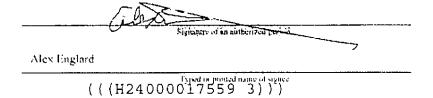
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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

Title or Capacity:	Name and Address:	Title or Capacit	<u>y:</u>	Name and Address:
■Manager	Name: David Katz	II Manager	Name	
□Member	Address: 2071 Flatbush Ave, Suite 22	□ Member	Address:	
□Authorized	Brooklyn, NY 11234	☐ Authorized		
Person		Person		
IIOther	Other	COther]Other
□Manager	Name:	□ Manager	Name	
□Member	Address:	I Member	Address:	
∃Authorized		☐ Authorized		
Person		Person		
□Other	Other	Other	·•····•	[]Other
□Manager	Name	II 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 intaged for reporting purposes only. Non-indexed individuals may be added to the index when filling 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. Lam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817.155, F.S.



From: Alexander Englard

(((H24000017559 3)))

2024-01-12 18:25:11 GMT



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OKAHUMKA RE Z 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 TWELFTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OKAHUMKA RE Z LLC" WAS FORMED ON THE ELEVENTH DAY OF JANUARY, A.D. 2024.

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

2925436 8300 SR# 20240109882 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202584188

Date: 01-12-24