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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (250) 617-6333

From:

Account Name : VCORP SERVICES, LLC
Account Number : 120380000067
Phone : (845) 425-0077
Fax Number : (245) 813-1596

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

Email Address: _____

Foreign Limited Liability Company
MAGNOLIA POINT CGC LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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. MAGNOLIA POINT CGC LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.P.C."

Delaware

99-0915290

2. Jurisdiction under the law of which foreign limited liability company is organized;

3. _____ (FEI number, if applicable)

4. _____
(Date first transacted business in 1964, if prior to registration.)
(See sections 605.D-904 & 605.D-905, P.S. to determine penalty liability.)

888 Woodmere Pl Unit C

888 Woodmere Pl Unit C

5. _____
(Street Address of Principal Office)

6. _____ (Mailing Address)

Woodmere, NY 11598

Woodmere, NY 11598

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

Name: Vcorp Agent Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation _____, Florida 33324
(City) (Zip code)

(C) 1997

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 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.

(Registered agent's signature)

... FEB 20 PM 2:41

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:

☐ Manager Name: Aaron Gorin

☒ Member Address: 888 Woodmere Pl Unit C

☐ Authorized Woodmere, NY 11598

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other ☐ Other

Title or Capacity: Name and Address:

☐ Manager Name: Steven Levitz

☒ Member Address: 888 Woodmere Pl Unit C

☐ Authorized Woodmere, NY 11598

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ 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.



Signature of an authorized person

Steven Levitz

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAGNOLIA POINT CGC 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 TWENTIETH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAGNOLIA POINT CGC LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2024.

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



2973687 8300

SR# 20240591142

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202846400

Date: 02-20-24