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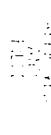
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

MARION 615T-1.1.C.

	name adopted for the purpose of transacting business in Florida. F	he alternate name must include "Limited Liabit	lity Company," "L.L.C,"	or "LLC	
DELAWARE					
(Jurisdiction under the law of w	hich foreign limited liability company is organized)				
	(Date first transacted business in Florida, if prior to registrit (See sections 605 0904 & 605,0905, F.S. to determine per a	on.)			
	risec sections 600 0904 & 600,0900, r.s. to determine pera				
226 BENJAMIN ST.		226 BENJAMIN ST.			
treet Address of Principal Office)		(Mailing Address)		_	
TOMS RIVER, NJ 08755		TOMS RIVER, NJ 08755			
		10M3 M V ER; 147 08733			
Name and street address	ss of Florida registered agent: (P.O. Box <u>NOT</u>	accentable)	202		
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	Discourage and a second		E9		
Name:	RIVERSIDE FILINGS LLC		2(=	
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Office Address:	155 OFFICE PLAZA DRIVE, 1ST FLOOF.		골	•	
			٠٠ بب		
	TALLAHASSEE	32301	<u> </u>		
	(City)	Florida	_ &		
		IZID COGET			

/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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: YECHEZKEL SAUER □Manager □ Manager Address: __ □Member □Member Address: _____ TOMS RIVER, NJ 08755 Authorized ☐ 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____ 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



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

DELAWARE, DO HEREBY CERTIFY "MARION 51ST 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 "MARION 61ST LLC"

WAS FORMED ON THE NINETEENTH DAY OF FEBRUARY, A.D. 2024.

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

Authentication: 202841372

Date: 02-20-24