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(City/State/Zip/Phone #)

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(Business Entity Name)

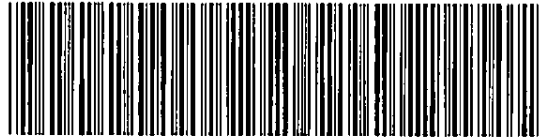
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03/20/24--01002--017 **125.00

RECEIVED

2024 MAR 20 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 MAR 25 AM 10:29

MAR 26 2024
K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2024

DMITRY ZBARSKY
100 JOLINE AVE.
STATEN ISLAND, NY 10307

SUBJECT: 60202 DELAIRE LANDING LLC
Ref. Number: W24000045747

We have received your document for 60202 DELAIRE LANDING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 624A00006154

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 60202 Delaire Landing 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:

Dmitry Zbarsky

Name of Person

60202 Delaire Landing LLC

Firm/Company

100 Joline Ave

Address

Staten Island

City/State and Zip Code

dmitryzb@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dmitry Zbarsky

Name of Contact Person

at (347)

Area Code

4000243

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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RE-REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 60202 Delaire Landing 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. Pennsylvania 3. 93-2538143
(Jurisdiction under the law of which foreign limited liability company is organized) (F.T.I. number, if applicable)

4. 03/26/2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0004 & 605.0005, F.S. to determine penalty liability)

5. 502 W 7th St Ste 100 6. 100 Joline Ave
(Street Address of Principal Office) (Mailing Address)

Eric, PA 16502 Staten Island, NY 10307

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

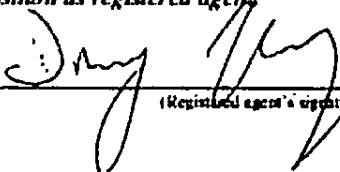
Name: Dmitry Zbarsky

Office Address: 3000 E Sunrise Blvd, #7A

Ft. Lauderdale, Florida 33304
(City) (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)

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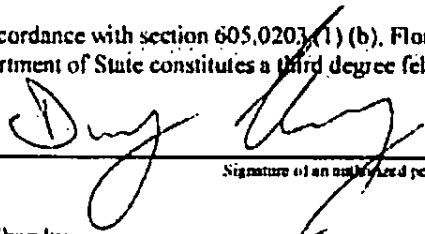
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Dmitry Zharsky</u>	<input type="checkbox"/> Manager	Name: <u>Dmitry Zharsky</u>
<input type="checkbox"/> Member	Address: <u>100 Joline Ave</u>	<input type="checkbox"/> Member	Address: <u>3000 E Sunrise Blvd, #7A</u>
<input type="checkbox"/> Authorized	<u>Staten Island, NY 10307</u>	<input checked="" type="checkbox"/> Authorized	<u>Ft. Lauderdale, FL 33304</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 605.020(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
 Dmitry Zharsky

 Typed or printed name of signer

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: 60202 Delaire Landing LLC
Request Type: Subsistence Certificate **Issuance Date:** March 19, 2024
Request No.: 032533321 **File No.:** 0013528026
Receipt No.: 000961608
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: July 22, 2023
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

60202 Delaire Landing LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov