M24000003842

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Foreign Limited Liability Company

2980 Nostrand Ave, LLC

Certificate of Status	0
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Page Count	04
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K. SALY

MAR 26 2024

March 25, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILINGS, INC.

,

SUBJECT: 2980 NOSTRAND AVE, LLC
REF: W24000047803

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

According to section 607.1503 OR 617.1503, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

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

Andrea Andrews
Regulatory Specialist II
Registration Section

FAX Aud. #: H24000107391
Letter Number: 624A00006405

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2908 NOSTRAND AVENUE 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:

Bridgette Alvarez
Name of Person

Miami Legal PA
Firm/Company

350 Sevilla Avenue, Second Floor
Address

Coral Gables, FL 33134
City/State and Zip Code

Semsamia128@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bridgette Alvarez at (305) 6686449
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

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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:

1. 2980 Nostrand Ave LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

ELIMELECH5518 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. NEW YORK
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-4263226
(FEI number, if applicable)

4. March 26, 2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 635 N.W. 22nd Road,
FT Lauderdale, FL 33311
(Street Address of Principal Office)

6. 2225 E 21st Street
Brooklynn, NY 11229
(Mailing Address)

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

Name: Ortal Salman

Office Address: 635 NW 22nd Road

Ft Lauderdale (City), Florida 33311 (Zip code)

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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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5. For initial indexing purposes, list names, title or capacity and addresses of the ordinary member/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: Esto Salman	☒Manager	Name: Orial Salman
☐Member	Address: 2225 East 21st Street	☐Member	Address: 2225 East 21st Street
☒Authorized Person	Brooklyn, NY 11229	☒Authorized Person	Brooklyn, NY 11229
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized Person		☐Authorized Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized Person		☐Authorized Person	
☐Other	☐Other	☐Other	☐Other

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6. If necessary, use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-listed individuals may be added to the order when filing your Florida Department of State Annual Report form.

7. 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.)

8. 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

Orial Salman

Typed or printed name of person

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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected

Entity Name:	2980 NOSTRAND AVE, LLC
DOS ID Number:	5024369
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	10/18/2016
Statement Status:	CURRENT
Statement Due Date:	10/31/2026

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I certify that the following is a list of documents on file in the Department of State for said entity

Document Type:	ARTICLES OF ORGANIZATION
Date of Filing:	10/18/2016
Entity Name:	2980 NOSTRAND AVE, LLC
Document Type:	CERTIFICATE OF PUBLICATION
Date of Filing:	03/24/2017
Document Type:	BIENNIAL STATEMENT
Date of Filing:	03/20/2024

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Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 20, 2024 at 01:09 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100005403703 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dstate.ny.gov

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