

N240000596

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : M. BURR KEIM COMPANY
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Phone : (215) 563-8113
Fax Number : (215) 977-9386

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2024 MAY -9 AM 10:02

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
MICHAELS STUDENT LIVING MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

M. SOLOMON
MAY 10 2024

(((H240001685173)))

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. MICHAELS STUDENT LIVING MANAGEMENT, 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.")

NEW JERSEY

47-1734319

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

3. (FEI number, if applicable)

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

c/o The Michaels Organization

c/o The Michaels Organization

5. (Street Address of Principal Office)

6. (Mailing Address)

2 Cooper Street, 14th Floor

P.O. Box 90708

Camden, NJ 08102

Camden, NJ 08101

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324
(City) Florida (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.**David Westcott* David Westcott, Assistant Secretary

(Registered agent's signature)

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CLERK OF STATE
TREASURY OF FLORIDA

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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:**

☒ Manager Name: Michael J. Levitt Revocable Trust
☐ Member Address: c/o The Michaels Organization
☐ Authorized 2 Cooper Street, 14th Floor
 Person Camden, NJ 08102
☐ Other ☐ Other

Title or Capacity:**Name and Address:**

☐ Manager Name: John J. O'Donnell
☒ Member Address: c/o The Michaels Organization
☐ Authorized 2 Cooper Street, 14th Floor
 Person Camden, NJ 08102
☐ Other ☐ Other

☐ Manager Name: Kimberlee Schreiber
☐ Member Address: c/o The Michaels Organization
☒ Authorized 2 Cooper Street, 14th Floor
 Person Camden, NJ 08102
☐ Other ☐ Other

☐ Manager Name: Joseph F. Purcell
☐ Member Address: c/o The Michaels Organization
☒ Authorized 2 Cooper Street, 14th Floor
 Person Camden, NJ 08102
☐ 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

Michael J. Levitt, Trustee of the Michael J. Levitt Revocable Trust

Typed or printed name of signer

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2024 MAY - 9 PM 1:07
 DEPARTMENT OF STATE
 TREASURY
 FLORIDA

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**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

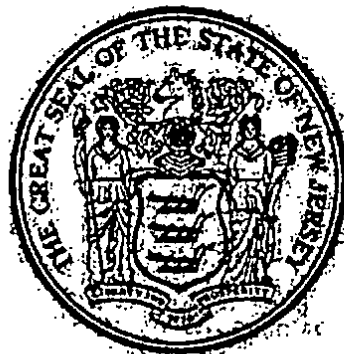
**MICHAELS STUDENT LIVING MANAGEMENT, LLC
0600413464**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 27, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**PAUL T. CHAN, ESQUIRE
3030 ATLANTIC AVENUE
ATLANTIC CITY, NJ 08401**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
9th day of May, 2024*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6153380734

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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