M24000066431

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(OK) CICKOLED HOLE #/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octamodad of Calaba
Special Instructions to Filing Officer:
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600429988926





K. Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE 472135, 4306525						
AUTHORIZATION (1900)						
COST LIMIT : \$ 125.0						
ORDER DATE: May 17, 2024						
ORDER TIME : 1:24 PM						
ORDER NO. : 472135-010						
CUSTOMER NO: 4306525						
FOREIGN FILINGS						
NAME: YORK SUNLAKEFL LLC						
XXXX QUALIFICATION (TYPE: <u>LL</u>)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Shauna Godbolt EXT#						

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	York SunlakeFL LLC				
		Name of Limited Liability Company			
The en	nclosed "Application by Foreign Limited L ncc, and check are submitted to register th	iability Company for Authorization to Transact Business in Florida," Certificate on the above referenced foreign limited liability company to transact business in Floridate.			
Please	return all correspondence concerning this	matter to the following:			
	Alex Meshechok				
		Name of Person			
	York SunlakeFL LLC				
		Firm/Company			
	1501 South Ocean Drive, L	Jnit 1604			
Address					
Hollywood, Florida 33019					
		City/State and Zip Code			
	alexm@yorkrecapital.com				
	E-mail addres	ss: (to be used for future annual report notification)			
For fu	rther information concerning this matter, p	lease call:			
	Alex Meshechok	917 833-6315 at ()			
	Name of Contact Perso	on Area Code Daytime Telephone Number			
	Mailing Address: Registration Section	Street Address: Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations			
		The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following am Please make check payable to: FLORID S125.00 Filing Fee S130.00 Filing Fee Cert	DA DEPARTMENT OF STATE			

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 REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited Liability Co	ompany." "[L.C." or "[.L.C		
Delaware					
(Jurisdetton under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	istration.) penalty liability)			
1501 South Ocean Drive, Unit 1604		1501 South Ocean Drive, Unit 1604			
eet Address of Principal Office)	 _	6(Mailing Address)			
Hollywood, Florida 3:	3019	Hollywood, Florida 33019			
		<u> </u>			
Name and street address	ss of Florida registered agent: (P.O. Box 1	NOT acceptable)	1.150		
			- : - :		
	Corporation Service Company		13		
Name:			-		
	1201 Hays Street		 1		
Office Address:			7		
	Tallahassee	32301 Florida			
	(City)	(Zip code)			
Office Address:		, Florida	17		

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:	Title or Capacity:		Name and Address:
□Manager	Name: York Storage Development LLC	□Manager	Name:	
■ Member	Address:	□Member	Address:	
□Authorized	1501 South Ocean Drive, Unit 1604	□Authorized		
Person	Hollywood, Florida 33019	Person		
□Other	Other	Other	·	Other
∐Manager	Name:	□Manager	Name:	
	Address:	☐Member	Address:	
□Authorized		Authorized		
Person Other	Other	Person		□Other
	ì			
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	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

Alex Meshechok

Typed or printed name of signee 4

472135

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "YORK SUNLAKEFL 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 SEVENTEENTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "YORK SUNLAKEFL LLC" WAS FORMED ON THE SIXTH DAY OF MAY, A.D. 2024.

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

Authentication: 203500992

Date: 05-17-24