

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# M2400008009

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To:

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

From:

Account Name : NRAI SERVICES, LLC  
Account Number : I20080000104  
Phone : (302)674-4089  
Fax Number : (302)674-5266

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

Email Address: rrico@crescentheights.com

**Foreign Limited Liability Company**  
**OZPC NO. 1 2900 BISCAYNE BLVD SERVICES, LLC**

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June 19, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

NRAI SERVICES, LLC

SUBJECT: OZPC NO. 1 2900 BISCAYNE BLVD SERVICES, LLC  
REF: W24000093022

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.

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KYLE D BRUMBLEY

FAX Aud. #: H24000212171

Regulatory Specialist II Supervisor  
Registration Section

Letter Number: 424A00013365

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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. OZPC NO. 1 2900 BISCAYNE BLVD SERVICES, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, cover alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. DELAWARE

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

3. APPLIED FOR

(FID 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)

2200 BISCAYNE BOULEVARD

5. 2200 BISCAYNE BOULEVARD  
(Street Address of Principal Office)

MIAMI, FLORIDA 33137

2200 BISCAYNE BOULEVARD

6. 2200 BISCAYNE BOULEVARD  
(Mailing Address)

MIAMI, FLORIDA 33137

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

Name: Jonathan Newberg

Office Address: 2200 Biscayne Boulevard

Miami, Florida 33137  
(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.*

/s/ Jonathan Newberg

By: \_\_\_\_\_  
(Registered agent's signature)

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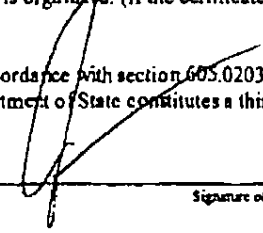
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>BINYOMIN ROZSANSKY</u>	<input type="checkbox"/> Manager	Name: <u>JONATHAN NEWBERG</u>
<input type="checkbox"/> Member	Address: <u>2200 BISCAYNE BLVD</u>	<input type="checkbox"/> Member	Address: <u>2200 BISCAYNE BLVD</u>
<input type="checkbox"/> Authorized Person	<u>MIAMI, FL 33137</u>	<input type="checkbox"/> Authorized Person	<u>MIAMI, FL 33137</u>
<input checked="" type="checkbox"/> Other <u>PRES</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>VP</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>SHLOMO DACHOH</u>	<input type="checkbox"/> Manager	Name: <u>PABLO DEALMAORO</u>
<input type="checkbox"/> Member	Address: <u>2200 BISCAYNE BLVD</u>	<input type="checkbox"/> Member	Address: <u>2200 BISCAYNE BLVD</u>
<input type="checkbox"/> Authorized Person	<u>MIAMI, FL 33137</u>	<input type="checkbox"/> Authorized Person	<u>MIAMI, FL 33137</u>
<input checked="" type="checkbox"/> Other <u>SEC</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>TREAS</u>	<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 Person	_____	<input type="checkbox"/> Authorized 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 605.0203 (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  
 JONATHAN NEWBERG, Vice President  
 \_\_\_\_\_  
 Typed or printed name of signer

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# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OEPC NO. 1 2900 BISCAYNE BLVD SERVICES, 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 EIGHTEENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OEPC NO. 1 2900 BISCAYNE BLVD SERVICES, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2024.

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



  
Jeffrey W. Bullock, Secretary of State

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SR# 20242913544

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203740473

Date: 06-18-24

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