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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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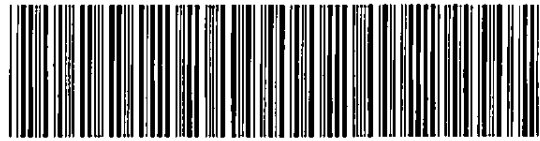
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 17921 NE 9TH CT 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:

Abraham Feldbrand

Name of Person

Real Abe LLC

Firm/Company

404 Private Way

Address

Lakewood, NJ 08701

City/State and Zip Code

realabelle@gmail.com

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

For further information concerning this matter, please call:

Abraham Feldbrand

(732)

833-3322

at (_____) _____

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

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.001, FLORIDA STATUTES, THE FOLLOWING NON-RESIDENT FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 17921 NE 9TH CT LLC

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

17921 NE 9TH COURT LLC

(Foreign company's legal corporate nationality and place for the purpose of giving notice of process and of the above company's registered agent's liability to creditors)

2. New Jersey

99-0496048

3. (State from and/or the law to which the company is subject to jurisdiction)

(Number of applicants)

4. (If applicant transacted business in the last prior year, state:
the jurisdiction(s) in which it did so, and the number of such transactions)

5. 404 Private Way

404 Private Way

(Registered office in foreign country)

(Home address)

Lakewood, NJ 08701

Lakewood, NJ 08701

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

Name: Solomon Feldbrand

Office Address: 17921 NE 9TH COURT

North Miami Beach 33162
Florida

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DIVISION OF CORPORATIONS
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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.

Solomon Feldbrand

(Registered agent's signature)

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>Susan Grossman</u>	<input type="checkbox"/> Manager	Name: <u>Abraham Feldbrand</u>
<input checked="" type="checkbox"/> Member	Address: <u>1680 44th Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>404 Private Way</u>
<input checked="" type="checkbox"/> Authorized	<u>Brooklyn, NY 11204</u>	<input checked="" type="checkbox"/> Authorized	<u>Lakewood, NJ 08701</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 605.0203 (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.

Susan Grossman

Signature of an authorized person

Susan Grossman

Typed or printed name of signee

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

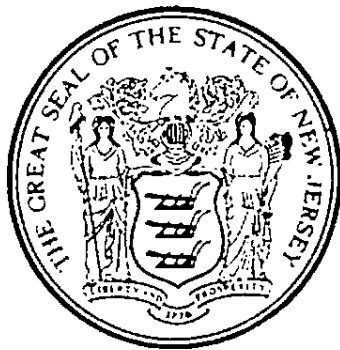
**17921 NE 9TH CT LLC
0451066531**

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 January 03, 2024.

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:

**ABRAHAM FELDBRAND
404 PRIVATE WAY
LAKEWOOD, NJ 08701**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
22nd day of July, 2024.*

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number 8155495529

Verify this certificate online at

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