# M24000010084

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T PICK-UP WAIT MAIL
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ertified Copies Certificates of Status
Special Instructions to Filing Officer
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2024 AUG - 7 AM 9: 44

TALLAHASSEE FLORD

1119 0 8 2024 .C. Brumbley CSC - Tallahassee CSC 1201 Hays Street

Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 08/07/24 Order #: 1583828-1

Re: MDEH REALTY LLC Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

WHOM IT MAY CONCERN:

closed please find:
Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account: Number:

120000000195

Certificate of Good Standing from State of Incorporation

AUTH

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE		a New York limited liability company
00,000		Name of Limited Liability Company
The en- Exister	closed "Application by Foreign ice, and check are submitted to	Limited Liability Company for Authorization to Transact Business in Florida," Certificate of register the above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence conce	erning this matter to the following:
	Jeffrey Feinberg	
	<del> </del>	Name of Person
	Feinberg and Maide	nbaum
	<del></del>	Firm/Company
	4651 Sheridan Street	t, Suite 200
		Address
	Hollywood, FL 330	21
		City/State and Zip Code
	feinberg@bellsouth.ne	et
	E-n	nail address: (to be used for future annual report notification)
For furt	her information concerning this	matter, please call:
	Jeffrey Feinberg	954 962-8889 at ( )
	Name of Con	
	Mailing Address:	Street Address:
Registration Section Division of Corporations		Registration Section
P.O. Box 6327		Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
		lowing amount:  FLORIDA DEPARTMENT OF STATE  \$130.00 Filing Fee & S160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy

# 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	name adopted for the purpose of transacting business in	Florida, The	alternate name must include "Limited Li	ability Company," "L.L.C,	," or "LLC.
New York		3.			
(Jurisdiction under the law of which foreign limited liability company is organized)		٥.	(FEI numb	er, il applicable)	
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	n registratio nine penalty	ı) lizbitity)		
1316 N Dixie Highway	1		1316 N Dixie Highway		
eet Address of Principal Office)		0,	(Mailing Address)		
Hollywood, FL 33020			Hollywood, FL 33020		
Name:	Jeffrey Feinberg			2024 AUG7 Licae Daly Path Johana	FLA
Office Address:	4651 Sheridan Street, Suite 200			## 9: 4	50
	Hollywood		33021 , Florida		
	(City)		(Zip code)		

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: \_\_\_\_ Name: Mark Hofinan □ Manager □Manager 1316 N Dixie Hwy 1316 N Dixie Hwy Address: \_\_ □Member □Member Hollywood, FL 33020 Hollywood, FL 33020 ■ Authorized Authorized Person Person Other\_ \_\_\_ Other Other\_\_ Other\_\_\_ Name: Eric Hofman □Manager □Manager Address: 1316 N Dixie Hwy □Member Address: □Member Hollywood, FL 33020 ☐ Authorized Authorized Person Person □Other\_\_\_\_\_ Other\_\_\_ □Other\_\_\_\_ □Other \_ Name: \_\_\_\_\_\_ □Manager Address: □Member □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. Nonindexed 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 and Mized person David hofman

Typed or printed name of signee

CSC QUAL-42060

### STATE OF NEW YORK

#### DEPARTMENT OF STATE

## Certificate of Status

I, WALTER T. MOSLEY, 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:

MDEH REALTY LLC

**DOS ID Number:** 

3712083

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

08/22/2008

**Statement Status:** 

**CURRENT** 

**Statement Due Date:** 

08/31/2024

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 August 07, 2024 at 11:39 A.M.

WALTER T. MOSLEY Secretary of State

Brandon Co Heylan

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100006309517 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>