

M24000013303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

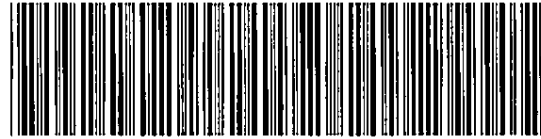
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Certified Copies _____

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2024 OCT 17 AM 10:06
TALLAHASSEE, FLORIDA

OCT 17 2024

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/17/2024

****WALK IN****

ENTITY NAME PLISKIN REALTY MANAGEMENT, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125

ACCOUNT #: I20160000072

E R JH

Please call Tina at the above number for any issues or concerns. Thank you so much!

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. Pliskin Realty 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.")

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

3. 11-3466964
(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)

5. 591 Stewart Ave, Suite 100
(Street Address of Principal Office)

6. 591 Stewart Ave, Suite 100
(Mailing Address)

Garden City, NY 11530

Garden City, NY 11530

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

Name: Jeffrey Pliskin

Office Address: 3400 S. Ocean Blvd, Apartment 5G

Palm Beach, Florida 33480
(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.


(Registered agent's signature)

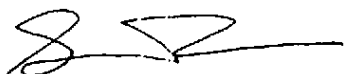
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Stuart Pliskin</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>591 Stewart Ave, #100</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Garden City, NY 11530</u>	<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 _____
 <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.



Signature of an authorized person

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: PLISKIN REALTY MANAGEMENT, LLC
DOS ID Number: 2312210
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 11/02/1998
Statement Status: CURRENT
Statement Due Date: 11/30/2024

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION
Date of Filing: 11/02/1998
Entity Name: PLISKIN REALTY MANAGEMENT, LLC

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 02/08/1999
Name Changed To: ZENITH MANAGEMENT, LLC

Document Type: BIENNIAL STATEMENT
Date of Filing: 11/06/2000
Effective Date: 11/01/2000

Document Type: BIENNIAL STATEMENT
Date of Filing: 10/28/2002
Effective Date: 11/01/2002

Document Type: BIENNIAL STATEMENT
Date of Filing: 11/12/2004
Effective Date: 11/01/2004

Document Type: BIENNIAL STATEMENT
Date of Filing: 11/14/2006
Effective Date: 11/01/2006

Document Type: BIENNIAL STATEMENT
Date of Filing: 11/21/2008
Effective Date: 11/01/2008

Document Type: BIENNIAL STATEMENT
Date of Filing: 01/07/2011
Effective Date: 11/01/2010

Document Type: BIENNIAL STATEMENT
Date of Filing: 11/16/2012
Effective Date: 11/01/2012

Document Type: BIENNIAL STATEMENT
Date of Filing: 11/17/2014
Effective Date: 11/01/2014

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 09/21/2015
Name Changed To: PLISKIN REALTY MANAGEMENT, LLC

Document Type: BIENNIAL STATEMENT
Date of Filing: 11/04/2016
Effective Date: 11/01/2016

Document Type: BIENNIAL STATEMENT
Date of Filing: 11/09/2018
Effective Date: 11/01/2018

Document Type: BIENNIAL STATEMENT
Date of Filing: 11/03/2020
Effective Date: 11/01/2020

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/27/2023
Effective Date: 11/01/2022

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 October 16, 2024 at
03:27 P.M.



WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>