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Division of Corporations

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From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104

Phone : (302)6/4-4089 Fax Number : (302)674-5266

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

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Foreign Limited Liability Company 1901 ALTON HOLDINGS, LLC

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2025

NRAI SERVICES, LLC

SUBJECT: 1901 ALTON HOLDINGS, LLC

REF: W25000003992

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.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6051.

Andrea Andrews Regulatory Specialist II Registration Section FAX Aud. #: H25000010255 Letter Number: 925A00000776

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

.,	NGS, LLC		
(Name of Foreign L	imited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "L.L.C.")	
se unavailable, enter alternate na	ime adopted for the purpose of transacting business in f	Plands. The alternate name must include "Limited Liability Company," "L.	LC,* or *LU
elaware	ich loreign limited liabilky company is urganized)	(FEI number, if applicable)	
Jurisdiction under the law of wi	EN BREISE BRIBES HEALTH COMPANY IS A STATE OF		
upon filing			
	(Date first transacted business in Florida, if prior to	o registration)	
	(See sections 603 0904 & 663,0905, F.S. to determ	the family terounds	
2200 BISCAYNE BOL	JLEVARD	6.	
n Address of Principal Office)		(Mailing Address)	
MIAMI, FLORIDA 33	137	MIAMI, FLORIDA 33137	
fame and street addres	is of Florida registered agent: (P.O. Bo	ox NOT acceptable)	PES JAK TO
Name:	Jonathan Newberg		
	2200 Biscayne Boulevard	<u></u>	
Office Address:			
Office Address:	Mismi	33137 Florida	• '
Office Address:	Mismi (City)		·
egistered agent's acce aving been named as n signuted in this applic comply with the provis	otance: egistered agent and to accept service of ation, I hereby accept the appointmen- tions of all statutes relative to the prop as of my position as registered agent.	, Florida	, , ,
egistered agent's acce aving been named as n signuted in this applica comply with the provis ad accept the obligation	ptance: egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the prop as of my position as registered agent. (s) Jonathan Newberg	Florida (Zep code) of process for the above stated limited liability company of the process for the above stated limited liability company of the process for the above stated limited liability company of the process for the above stated limited liability company of the process for the above stated limited liability company of the process for the above stated limited liability company of the process for the above stated limited liability company of the process for the above stated limited liability company of the process for the above stated limited liability company of the above stated limited liability liability company of the above stated limited liability	, , ,
egistered agent's acce aving been named as n signuted in this applica comply with the provis ad accept the obligation	otance: egistered agent and to accept service of ation, I hereby accept the appointmen- tions of all statutes relative to the prop as of my position as registered agent.	Florida (Zep code) (Zep code) of process for the above stated limited liability compile as registered agent and agree to act in this capacity over and complete performance of my duties, and I also	, . ,,

8.	For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized	1 10
than	rage [up to six (6) total]:	

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: MARISA GALBUT	□Manager	Name: PABLO DE ALMAGRO
∐Member	Address: 2200 BISCAYNE BLVD	□Member	Address: 2200 BISCAYNE BLVD
Authorized	MIAM1, FL 33137	□Authorized	MIAMI, FL 33137
Person		Person	
PRES Other	Other	■Other	□Other
⊡Manager	Name: JONATHAN NEWBERG	□Manager	Name:
Member	Address:BISCAYNE BLVD	□Member	Address:
— ∐Aùthorized	MIAMI, FL 33137	□Authorized	
Person		Person	- 2
Other	□Other	Other	DOther の
☐Manager	Name: SHLOMO DACHOH	☐Manager	Name:
☐Member	Address: 2200 BISCAYNE BLVD	□Member	Address:
Authorized	MIAMI, FL 33137	Authorized	
Person		_ Person	
⊕Other	ARY Other	□Other	Other
9. Attached is a ce jurisdiction under of the translator m	Use an attachment to report more than six (Is may be added to the index when filing yourtificate of existence, no more than 90 days the law of which it is organized. (If the cert sust be submitted) at is executed in accordance with section 605 current to the Department of State constitute	old, duly authenticated by the ificate is in a foreign language (1) (b) Florida Statute	te official having custody of records in the ge, a translation of the certificate under oath

JONATHAN NEWBERG, VICE PRESIDENT

Typed or printed name of signee

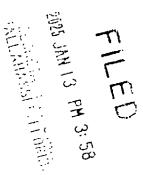


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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "1901 ALTON HOLDINGS, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE NINTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1901 ALTON HOLDINGS, LLC" WAS FORMED ON THE SEVENTH DAY OF JANUARY, A.D. 2025.

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





10058081 8300 SR# 20250068487

You may verify this certificate online at corp.delaware.gov/authver.shtml

July of Salace Searchay of State)

Authentication: 202649262

Date: 01-09-25