# M25000003328

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ee)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
		,
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Office Use Only

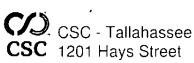


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PPS #48-5 PH 3:15







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

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 03/05/25 Order #: 1848397-2

Re: 1975 Ortiz Avenue, LLC Processing Method: Routine

#### TO WHOM IT MAY CONCERN:

## Enclosed 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

#### 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.

relidera

### COVER LETTER

TO:

1975 ECT:	Ortiz Avenue, LLC				
	Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in Fl			
return all cor	respondence concerning this matter to	the following:			
R	yan J. Gofus				
_	·	Name of Person			
R	ampart Real Estate Partners, LLC				
_		Firm/Company			
7	O Hudson Street, Suite 3A				
_	·	Address			
Н	oboken, NJ 07030				
	C	ity/State and Zip Code			
RG	ofus@Rampartrep.com				
	E-mail address: (to be	used for future annual report notification)			
rther informat	ion concerning this matter, please cal	1:			
Ryan J. G	ofus	484 948-7406 at ( )			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: Registration Section		Street Address: Registration Section			
	of Corporations	Division of Corporations			
P.O. Box Tallahass	ee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limit	ed Lability C	ompany," "L.L.C.," or "El.C.")	
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida The alt	ernate name must include "Limited Liability Con	npany," "L l. C," or "LLC ")
Delaware				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if applic	cable)
·				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to deterr	o registration ) nine penalty ha	bilny)	
70 Hudson Street, St			0 Hudson Street, Suite 3A	
treet Address of Principal Office)	<del></del>	o. <u> </u>	(Mailing Address)	<del></del>
Hoboken, NJ 07030		<b> </b>	loboken, NJ 07030	
		_		
Name and street addres	CERT II I I I I I I I I I I I I I I I I I			
Name:	s of Florida registered agent: (P.O. Bo  Corporation Service Company	x <u>NOT</u> ac	ceptable)	arzielen 25 KAR -
		x <u>NOT</u> ac	ceptable)	25 HAR -5 PM
Name:	Corporation Service Company  1201 Hays Street  Tallahassee		  32301	SECRETARY OF STATE  25 MAR -5 RM 3: 20
Name:	Corporation Service Company  1201 Hays Street  Tallahassee			25 HAR -5 FM 3: 26

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]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: Ryan J. Gofus	□Manager	Name:	
□Member	Address:70 Hudson Street, Suite 3A	□Member	Address:	
<b>■</b> Authorized	Hoboken, NJ 07030	□Authorized		
Person		Person		
□Other	Other	Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	<u>.</u> .
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	Other		□Other

<u>Important Notice:</u> 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.

Ryan J. Gofus

Signature of an authorized person

Page 1



I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "1975 ORTIZ AVENUE, 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 TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1975 ORTIZ

AVENUE, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF FEBRUARY, A.D.

2025.

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

Charuni Patibanda-Sanchez, Secretary of State

C. G. Sancher

Authentication: 203032972

Date: 02-26-25