

1/1/2020

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

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

Email Address: \_\_\_\_\_

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Foreign Limited Liability Company  
SADIE REAL ESTATE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

DEC -2 2020

M. SOLOMON

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section  
Division of Corporations

Sadie Real Estate LLC  
SUBJECT: \_\_\_\_\_  
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.

James F. Stomber, Jr. Esq.  
\_\_\_\_\_  
Name of Person

The Witkoff Group LLC  
\_\_\_\_\_  
Firm/Company

233 Broadway, Suite 2305  
\_\_\_\_\_  
Address

New York, NY 10279  
\_\_\_\_\_  
City/State and Zip Code

stomberj@witkoff.com  
\_\_\_\_\_  
E-mail address. (to be used for future annual report notification)

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2020 DEC -2 AM 9:07  
STATE OF FLORIDA  
DEPARTMENT OF STATE

For further information concerning this matter, please call.

James F. Stomber, Jr. at (212) 672-4770  
\_\_\_\_\_  
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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sadie Real Estate LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name accepted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. Delaware 85-3269715
(Jurisdiction under the law of which foreign limited liability company is organized) (FID 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. The Witkoff Group LLC
(Street Address of Principal Office)
4400 Biscayne Blvd, Suite 918
Miami, FL 33137

6. The Witkoff Group LLC
(Mailing Address)
233 Broadway, Suite 2305
New York, NY 10279

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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)

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CORPORATION SERVICES

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:

Manager Name: James F. Stomber, Jr.

Member Address: 233 Broadway, Suite 2305

Authorized New York, NY 10279

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:** Name and Address:

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Steven C. Witkoff

Member Address: 4400 Biscayne Blvd, Suite 918

Authorized Miami, FL 33137

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

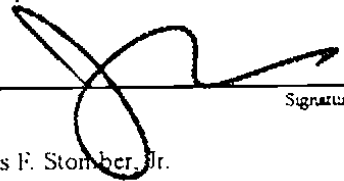
Other \_\_\_\_\_  Other \_\_\_\_\_

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

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

James F. Stomber, Jr.  
 \_\_\_\_\_  
 Typed or printed name of signee

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SADIE REAL ESTATE 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 THIRTIETH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SADIE REAL ESTATE LLC" WAS FORMED ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2020.

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



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

Authentication: 204184483

Date: 11-30-20

3780217 8300

SR# 20208513450

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)