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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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: _____

2021 JAN -8 AM 10: 31
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Foreign Limited Liability Company
SHIELD STREET CAPITAL LLC

Table with 2 columns: Item, Amount. Rows include Certificate of Status (0), Certified Copy (0), Page Count (04), and Estimated Charge (\$125.00).

JAN 11 2021

M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

Shield Street Capital 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:

Ariel Kirshenbaum

Name of Person

Satz Law Group LLC

Firm/Company

230 Passaic Avenue, 1st Floor

Address

Fairfield, NJ 07004

City/State and Zip Code

akirshenbaum@satzlawgroup.com

E-mail address: (to be used for future annual report notification)

2021 JAN -8 AM 10:31
FLORIDA DEPARTMENT OF STATE
REGISTRATION SECTION

FILED

For further information concerning this matter, please call:

Ariel Kirshenbaum 973 2512949

Name of Contact Person at () 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:

Shield Street Capital LLC

1. (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.") Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (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) Shield Street Capital LLC Shield Street Capital LLC

5. (Street Address of Principal Office) 123 NW 13th Street, Unit 221 6. (Mailing Address) 123 NW 13th Street, Unit 221

Boca Raton, Florida 33432

Boca Raton, Florida 33432

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)

STATE OF FLORIDA SECRETARY OF STATE

2021 JAN -8 AM 10:31

FILED

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.

Corporation Service Company

By: (Registered agent's signature)

(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]:

Title or Capacity: _____ **Name and Address:** _____
 Manager Name: Joshua Berkowitz
 Member Address: 101 Worth Avenue, 4D
 Authorized Palm Beach, Florida 33480

 Person _____
 Other _____ Other _____

Title or Capacity: _____ **Name and Address:** _____
 Manager Name: Juliet Berkowitz
 Member Address: 101 Worth Avenue, 4D
 Authorized Palm Beach, Florida 33480

 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 _____

Manager Name: _____
 Member Address: _____
 Authorized _____

 Person _____
 Other _____ 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.

Ariel Kirshenbaum

 Signature of an authorized person

Ariel Kirshenbaum

 Typed or printed name of signee

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHIELD STREET CAPITAL 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 SEVENTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHIELD STREET CAPITAL LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MAY, A.D. 2014.

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

Handwritten signature of Jeffrey W. Bullock, Secretary of State, in black ink.
Jeffrey W. Bullock, Secretary of State

5538720 8300

SR# 20210052453

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

Authentication: 202239258

Date: 01-07-21