



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed)

For Office Use Only

-FILED-

File #: 0005866036

Date Filed: 8/16/2024 1:05:00 PM

1. The name of the entity is: DEL Associates XIX, LLC

2. The name which it shall use in Idaho is: _____

(Enter a name here, only if you are required to adopt an alternate name.)

3. Select the type of entity you wish to register:

☐ Business Corporation

☐ General Partnership

☐ Nonprofit Corporation

☐ General Cooperative Association

☐ Limited Liability Partnership

☐ Limited Partnership (Including a limited liability limited partnership)

☒ Limited Liability Company

☐ Statutory Trust, Business Trust, or Common-law Business Trust

☐ Other: _____

(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)

4. Jurisdiction of formation: New York

(Provide the domestic jurisdiction where the entity was formed.)

5. The address of its principal office is:

7978 Cooper Creek Blvd.,

(Street Address)

University Park, FL 34201

(Mailing Address, if different)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

(Street Address)

(Mailing Address, if different)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)

8. Name and street address of registered agent in Idaho:

Corporation Service Company 1305 12th Avenue Road, Nampa, ID 83686

(Name and Address)

9. The name, capacity, and mailing address of at least one governor:

Stephen C. Scalione

Manager

7978 Cooper Creek Blvd., University Park, FL 34203

(Name)

(Capacity)

(Address)

Shaun Benderson

Manager

7978 Cooper Creek Blvd., University Park, FL 34203

(Name)

(Capacity)

(Address)

Secretary of State use only

Typed Name: Stephen C. Scalione

Signature: _____

Capacity: Manager

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: DEL ASSOCIATES XIX, LLC
DOS ID Number: 7211169
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 12/21/2023

Statement Status: CURRENT
Statement Due Date: 12/31/2025

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 August 15, 2024 at 12:32 P.M.

WALTER T. MOSLEY
Secretary of State

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>

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