

BOARD OF ADJUSTMENT
TOWNSHIP OF IRVINGTON, N.J.

DATE OF FILING _____

DATE OF HEARING _____ CALENDAR NO. _____

Application is hereby made by the undersigned for Use Variance pursuant to N.J.S.A. 40:55D--70(d)(1). N.J.S.A. 40:55D-70(d)(5), Preliminary and Final Site Plan Approval and related "c" variances to demolish an existing one (1) story block parking garage and construct a three-story garden apartment residential building with approximately 16 residential units on the upper floors and approximately 16 off-street parking spaces in a ground floor parking garage. Applicant also proposes the installation of solar panels on the rooftop.

Pursuant to §650-8, § 650-16, §650-32, §650-35, §650-70 _____

(Set forth applicable section (s) of Revised Zoning Ordinance)

DESCRIPTION OF PROPOSED DEVELOPMENT

PREMISES AFFECTED IS KNOWN AS LOT (S) 38 BLOCK(S) 95

STREETADDRESS 223-225 Brookside Avenue _____ IRVINGTON, N.J.

APPLICANT 215 Brookside Flats LLC ADDRESS 210 Mountain Avenue, PO Box 1330, Springfield, New Jersey 07081

TELEPHONE# (201) 449- 4590 _____

OWNER Same as Applicant _____ ADDRESS _____

LESSEE N/A _____ ADDRESS _____

OCCUPANCY Vacant _____

SIZE OF LOT 8,739 SF 0.20 acres _____

SIZE OF BUILDING(S) (PRESENT AND/OR PROPOSED) (AT STREET LEVEL)

7141 SF 160'-7" wide x 43'-8" DEEP _____

PERCENTAGE OF LOT OCCUPIED BY BUILDING(S) 81% _____

HEIGHT OF BUILDING(S) 32.33 FT STORIES 3 STORIES _____

SET BACK FROM FRONT PROPERTY LINE 3'-5" _____ FT.

FROM SIDE LINE (IF CORNER LOT) N/A _____ FT.

ZONING REQUIREMENTS (FOR NEW CONSTRUCTION OR ADDITIONAL CONSTRUCTION)

FRONTAGE Required: 15 ft/ proposed 3.42' _____ FT.

SIDE YARDS Required 0 ft/ proposed one side yard 3.08 Ft/both 6.50 _____ FT.

FT.REAR YARDS Required 15 ft, proposed 3.08 _____ FT.

PRESENT ZONE(S) R-3 (Four Family Residential District) _____

person? **NO**

If yes, state the nature of the appeal, the disposition and date of same:

Date property acquired by owner: December 30, 2020


Proposed Development (Note: This application must set forth all facts upon which you rely to establish your right to relief from the present requirements of the Revised Zoning Ordinance. If additional space is needed, additional pages may be annexed to this application).

Applicant will present Planning testimony in support of relief at the time of the public hearing

I hereby swear and depose that all of the above statements and the statements contained in the papers submitted herewith are true.

Sworn to before me this 8th

Day of February, 20 21

Michelle Rosen (Attorney at Law) 

(Notary or Person authorized by law to take oaths).

Brookside Flats LLC

By: 

Name

Title:

AFFIDAVIT OF CONSENT – N/A

STATE OF NEW JERSEY)

COUNTY OF Union :

Marc Gilbert)
_____ of full age, being duly sworn according to law on (his) (her) (their)
oath deposes and says that (he) (she) (they) reside at 37 Twin Oaks Oval
Springfield NJ

And that (he) (she) (they) (is/are) the owner(s) in fee of all that certain parcel of land, situated, lying and being in
the Township of Irvington aforesaid, and known as Block(s) No. 95

Lot(s) No. 38 on premises known and designated as 223-225
Brookside Ave Irvington, N.J. and that (he) (she) (they) hereby

Authorizes Marsha Moore / Post Polak

To make the annexed application on (his) (her) (their) behalf, and that the statements of fact contained in said application
are true.

Sworn to before me this 8th

Day of February 20 21

[Signature]

(Notary or Person authorized by law to take oaths)

Michelle Rosen (Attorney at Law)

[Signature]

(Owner(s) to print name on top line and sign bottom line)

Note: This page is not needed if the applicant and the owner of the premises which is the subject of this
application are one and the same.

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Brookside Flats LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☒ Partnership ☐ Trust/estate

☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► **P**

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

210 Mountainside Avenue, PO Box 1330

6 City, state, and ZIP code

Springfield, New Jersey 07081

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or

Employer identification number

8	6	-	1	2	8	5	2	0	1
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

2/1/2021

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Deed

This Deed is made on December 30, 2020

Between

215 Brookside LLC

whose post office address is 215-221 Brookside Avenue, Irvington NJ 07111

referred to as the Grantor,

and

Brookside Flats LLC a Limited Liability Company

whose post office address is 210 Mountain Avenue, PO Box 1330, Springfield Township, NJ 07081

referred to as the Grantee.

The words "Grantor" and "Grantee" shall mean all Grantors and all Grantees listed above.

1. **Transfer of Ownership.** The Grantor grants and conveys (transfers ownership of) the property (called the "Property") described below to the Grantee. This Transfer is made for the sum of **Dollars (\$10.00)**. The Grantor acknowledges receipt of this money.

2. **Tax Map Reference.** (N.J.S.A. 46:15:1.1) Municipality of City of Irvington
Block No. 95 Lot No. 38 Account No.

No property tax identification number is available on the date of this Deed.
(Check box if applicable)

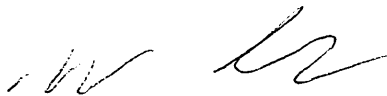
3. **Property.** The Property consists of the land and all the buildings and structures on the land in the City of Irvington, County of Essex and State of New Jersey. The legal description is:
☐ Please see attached Legal Description annexed hereto and made a part hereof.

The street address is 223-225 Brookside Avenue, Irvington, NJ 07111

4. **Type of Deed.** This Deed is called a Quitclaim Deed. The Grantor makes no promises as to ownership or title, but simply transfers whatever interest the Grantor has to the Grantee.

(For Recorder's Use Only)

Prepared by: (print signer's name below signature)



Marc Gilbert

5. **Signatures.** The Grantor signs this Deed as of the date at the top of the first page.

Witnessed by:

Rachel

Marc

{SEAL}

STATE OF NEW JERSEY:

COUNTY OF ESSEX : SS

I CERTIFY that on 30th day of December, 2020, Marc Gilbert for 215 Brookside, LLC personally came before and stated to my satisfaction that this person (or if more than one, each person):

- (a) was the maker of this Deed
- (b) executed this Deed as his or her own act; and
- (c) made this Deed for \$10.00 as the full and actual consideration paid or to be paid for the transfer of title. (Such consideration is defined in N.J.S.A. 46:15-5).

ROCHEL APEL
NOTARY PUBLIC OF NEW JERSEY
Comm. No. 50063177
My Commission Expires June 30, 2022

Rachel

(Print name and title below signature)

RECORD AND RETURN TO:
Brownstone Abstract and Title, LLC
10 Underwood PL
3
Clifton, NJ 07013

Description of 221 Brookside Avenue, Township of Irvington, Essex County, New Jersey

BEGINNING at a point in the northwesterly side of Brookside Avenue (50.0' wide), a distance of 431.71' northeasterly from the intersection formed by the northwesterly side of Brookside Avenue and the northeasterly side of Woodlawn Place, and from thence running

- (1) Along the northwesterly side of Brookside Avenue, N 39 degrees 01 minutes 00 seconds E, a distance of 8.30' to a point in the northeasterly side of Brookside Avenue; thence
- (2) Along the same, S 53 degrees 18 minutes 00 seconds E, a distance of 73.61' to a point; thence
- (3) N 36 degrees 42 minutes 00 seconds E, a distance of 50.00' to a point; thence
- (4) N 53 degrees 18 minutes 00 seconds W, a distance of 165.61' to a point; thence
- (5) S 39 degrees 44 minutes 00 seconds W, a distance of 49.30' to a point; thence
- (6) S 53 degrees 18 minutes 00 seconds E, a distance of 38.60' to a point; thence
- (7) S 39 degrees 01 minutes 00 seconds W, a distance of 7.54' to a point; thence
- (8) S 51 degrees 44 minutes 00 seconds E, a distance of 56.00' to the point and place of BEGINNING.

Known as Lot No. 38 in Block 95 on the Township of Irvington Tax Maps.

The above description is made in accordance with a 'Location Survey' performed by George J. Anderson, L.L.C. NJPLS Lic No. 36706 & Lic. No. 43328, dated May 11, 2020.

State of New Jersey
Seller's Residency Certification/Exemption

Seller's Information

Name(s)

215 Brookside LLC

Current Street Address

215-221 Brookside Avenue

City, Town, Post Office

Irvington

State

NJ

ZIP Code

07111

Property Information

Block(s)

95

Lot(s)

38

Qualifier

Street Address

223 - 225 Brookside Avenue

City, Town, Post Office

Irvington

State

NJ

ZIP Code

07111

Seller's Percentage of Ownership

100.00%

Total Consideration

\$ 10.00

Owner's Share of Consideration

\$ 100%

Closing Date

10/16/2020

Seller's Assurances (Check the Appropriate Box) (Boxes 2 through 16 apply to Residents and Nonresidents)

1. ☐ Seller is a resident taxpayer (individual, estate, or trust) of the State of New Jersey pursuant to the New Jersey Gross Income Tax Act, will file a resident Gross Income Tax return, and will pay any applicable taxes on any gain or income from the disposition of this property.
2. ☐ The real property sold or transferred is used exclusively as a principal residence as defined in 26 U.S. Code section 121.
3. ☐ Seller is a mortgagor conveying the mortgaged property to a mortgagee in foreclosure or in a transfer in lieu of foreclosure with no additional consideration.
4. ☐ Seller, transferor, or transferee is an agency or authority of the United States of America, an agency or authority of the State of New Jersey, the Federal National Mortgage Association, the Federal Home Loan Mortgage Corporation, the Government National Mortgage Association, or a private mortgage insurance company.
5. ☐ Seller is not an individual, estate, or trust and is not required to make an estimated Gross Income Tax payment.
6. ☒ The total consideration for the property is \$1,000 or less so the seller is not required to make an estimated Income Tax payment.
7. ☐ The gain from the sale is not recognized for federal income tax purposes under 26 U.S. Code section 721, 1031, or 1033 (CIRCLE THE APPLICABLE SECTION). If the indicated section does not ultimately apply to this transaction, the seller acknowledges the obligation to file a New Jersey Income Tax return for the year of the sale and report the recognized gain.
☐ Seller did not receive non-like kind property.
8. ☐ The real property is being transferred by an executor or administrator of a decedent to a devisee or heir to effect distribution of the decedent's estate in accordance with the provisions of the decedent's will or the intestate laws of this State.
9. ☐ The real property being sold is subject to a short sale instituted by the mortgagee, whereby the seller agreed not to receive any proceeds from the sale and the mortgagee will receive all proceeds paying off an agreed amount of the mortgage.
10. ☐ The deed is dated prior to August 1, 2004, and was not previously recorded.
11. ☐ The real property is being transferred under a relocation company transaction where a trustee of the relocation company buys the property from the seller and then sells the house to a third party buyer for the same price.
12. ☐ The real property is being transferred between spouses or incident to a divorce decree or property settlement agreement under 26 U.S. Code section 1041.
13. ☐ The property transferred is a cemetery plot.
14. ☐ The seller is not receiving net proceeds from the sale. Net proceeds from the sale means the net amount due to the seller on the settlement sheet.
15. ☐ The seller is a retirement trust that received an acknowledgment letter from the Internal Revenue Service that the seller is a retirement trust, and is therefore not required to make the estimated Gross Income Tax payment.
16. ☐ The seller (and/or spouse/civil union partner) originally purchased the property while a resident of New Jersey as a member of the U.S. Armed Forces and is now selling the property as a result of being deployed on active duty outside of New Jersey. (Only check this box if applicable and neither boxes 1 nor 2 apply.)

Seller's Declaration

The undersigned understands that this declaration and its contents may be disclosed or provided to the New Jersey Division of Taxation and that any false statement contained herein may be punished by fine, imprisonment, or both. I furthermore declare that I have examined this declaration and, to the best of my knowledge and belief, it is true, correct and complete. By checking this box ☐ I certify that a Power of Attorney to represent the seller(s) has been previously recorded or is being recorded simultaneously with the deed to which this form is attached.

10/30/2020
Date


Signature (Seller)

marc Gier
Indicate if Power of Attorney or Attorney in Fact

Date

Signature (Seller)

Indicate if Power of Attorney or Attorney in Fact

STATE OF NEW JERSEY
AFFIDAVIT OF CONSIDERATION FOR USE BY SELLER

(Chapter 49, P.L. 1968, as amended through Chapter 33, P.L. 2006) (N.J.S.A. 46:15-5 et seq.)

BEFORE COMPLETING THIS AFFIDAVIT, PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM.

STATE OF NEW JERSEY

COUNTY Essex

} SS. County Municipal Code

FOR RECORDER'S USE ONLY

Consideration \$ _____
RTF paid by seller \$ _____
Date _____ By _____

MUNICIPALITY OF PROPERTY LOCATION Irvington

*Use symbol "C" to indicate that fee is exclusively for county use.

(1) **PARTY OR LEGAL REPRESENTATIVE** (See Instructions #3 and #4 on reverse side)

Deponent, Marc Gilbert, being duly sworn according to law upon his/her oath,
(Name) Grantor
deposes and says that he/she is the Grantor in a deed dated 12/30/20 transferring
(Grantor, Legal Representative, Corporate Officer, Officer of Title Company, Lending Institution, etc.)
real property identified as Block number 95 Lot number 38 located at
223-225 Brookside Avenue Irvington NJ 07111 and annexed thereto.
(Street Address, Town)

(2) **CONSIDERATION** \$ 10.00 (Instructions #1 and #5 on reverse side) ☒ no prior mortgage to which property is subject.

(3) Property transferred is Class 4A 4B 4C (circle one). If property transferred is Class 4A, calculation in Section 3A below is required.

(3A) **REQUIRED CALCULATION OF EQUALIZED VALUATION FOR ALL CLASS 4A (COMMERCIAL) PROPERTY TRANSACTIONS:**

(See Instructions #5A and #7 on reverse side)

Total Assessed Valuation ÷ Director's Ratio = Equalized Assessed Valuation

\$ _____ ÷ _____ = % = \$ _____

If Director's Ratio is less than 100%, the equalized valuation will be an amount greater than the assessed value. If Director's Ratio is equal to or in excess of 100%, the assessed value will be equal to the equalized valuation.

(4) **FULL EXEMPTION FROM FEE** (See Instruction #8 on reverse side)

Deponent states that this deed transaction is fully exempt from the Realty Transfer Fee imposed by C. 49, P.L. 1968, as amended through C. 66, P.L. 2004, for the following reason(s). Mere reference to exemption symbol is insufficient. Explain in detail.

(5) **PARTIAL EXEMPTION FROM FEE** (Instruction #9 on reverse side)

NOTE: All boxes below apply to grantor(s) only. **ALL BOXES IN APPROPRIATE CATEGORY MUST BE CHECKED.** Failure to do so will void claim for partial exemption. Deponent claims that this deed transaction is exempt from State portions of the Basic, Supplemental, and General Purpose Fees, as applicable, imposed by C. 176, P.L. 1975, C. 113, P.L. 2004, and C. 66, P.L. 2004 for the following reason(s):

- A. **SENIOR CITIZEN** Grantor(s) ☐ 62 years of age or over. * (Instruction #9 on reverse side for A or B)
B. **BLIND PERSON** Grantor(s) ☐ legally blind or;
DISABLED PERSON Grantor(s) ☐ permanently and totally disabled ☐ receiving disability payments ☐ not gainfully employed*

Senior citizens, blind persons, or disabled persons must also meet all of the following criteria:

- ☐ Owned and occupied by grantor(s) at time of sale. ☐ Resident of State of New Jersey.
☐ One or two-family residential premises. ☐ Owners as joint tenants must all qualify.

*IN CASE OF HUSBAND AND WIFE, PARTNERS IN A CIVIL UNION COUPLE, ONLY ONE GRANTOR NEED QUALIFY IF TENANTS BY THE ENTIRETY.

C. **LOW AND MODERATE INCOME HOUSING** (Instruction #9 on reverse side)

- ☐ Affordable according to H.U.D. standards. ☐ Reserved for occupancy.
☐ Meets income requirements of region. ☐ Subject to resale controls.

(6) **NEW CONSTRUCTION** (Instructions #2, #10 and #12 on reverse side)

- ☐ Entirely new improvement. ☐ Not previously occupied.
☐ Not previously used for any purpose. ☐ **NEW CONSTRUCTION** printed clearly at top of first page of the deed.

(7) **RELATED LEGAL ENTITIES TO LEGAL ENTITIES** (Instructions #5, #12, #14 on reverse side)

- ☐ No prior mortgage assumed or to which property is subject at time of sale.
☐ No contributions to capital by either grantor or grantee legal entity.
☐ No stock or money exchanged by or between grantor or grantee legal entities.

(8) Deponent makes this Affidavit to induce county clerk or register of deeds to record the deed and accept the fee submitted herewith in accordance with the provisions of Chapter 49, P.L. 1968, as amended through Chapter 33, P.L. 2006.

Subscribed and sworn to before me
this 30th day of December, 2020

R. Apel

ROCHEL APEL
NOTARY PUBLIC OF NEW JERSEY
Comm. No. 50063177
My Commission Expires June 30, 2022

Marc Gilbert
Signature of Deponent
215-221 Brookside Ave
Irvington NJ 07111

215 Brookside LLC
Grantor Name

Deponent Address
XXX-XXX-XXXX

Grantor Address at Time of Sale

Brownstone Abstract and Title, LLC

Last three digits in Grantor's Social Security Number

Name/Company of Settlement Officer

FOR OFFICIAL USE ONLY

Instrument Number _____ County _____
Deed Number _____ Book _____ Page _____
Deed Dated _____ Date Recorded _____

County recording officers shall forward one copy of each RTF-1 form when Section 3A is completed to:

STATE OF NEW JERSEY

PO BOX 251

TRENTON, NJ 08695-0251

ATTENTION: REALTY TRANSFER FEE UNIT

The Director of the Division of Taxation in the Department of the Treasury has prescribed this form as required by law, and may not be altered or amended without prior approval of the Director. For information on the Realty Transfer Fee or to print a copy of this Affidavit, visit the Division of Taxation website at:

www.state.nj.us/treasury/taxation/lpt/localtax.htm

NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION

BROOKSIDE FLATS LLC
0450567000

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 11/16/2020 and was assigned identification number 0450567000. Following are the articles that constitute its original certificate.

1. Name:

BROOKSIDE FLATS LLC

2. Registered Agent:

MARC GILBERT

3. Registered Office:

210 MOUNTAIN AVE
PO BOX 1330
SPRINGFIELD, NEW JERSEY 07081

4. Business Purpose:

THE PURPOSE FOR WHICH THIS CORPORATION IS ORGANIZED IS(ARE) TO ENGAGE IN ANY

ACTIVITY WITHIN THE PURPOSES FOR WHICH CORPORATIONS MAY BE ORGANIZED UNDER

N.J.S.A. 14A:1-1 ET SEQ

5. Effective Date of this Filing is:

11/16/2020

6. Members/Managers:

CHARLES LARKIN
26 CHRISTY LANE
SPRINGFIELD, NEW JERSEY 07081-0708

MARC GILBERT
210 MOUNTAIN AVE
PO BOX 1330
SPRINGFIELD, NEW JERSEY 07081-0708

7. Main Business Address:

210 MOUNTAIN AVE
PO BOX 1330
SPRINGFIELD, NEW JERSEY 07081-0708

Signatures:

MARC GILBERT
AUTHORIZED REPRESENTATIVE

NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION

BROOKSIDE FLATS LLC
0450567000



Certificate Number : 4119003231

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
16th day of November, 2020*

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

BROOKSIDE FLATS LLC DISCLOSURE STATEMENT

Name of Company Brookside Flats LLC

Principal Place of Business 210 Mountain Avenue, PO Box 1330, Springfield, NJ 07081

Name of Registered Agent Marc Gilbert

Address 210 Mountain Avenue, PO Box 1330, Springfield, New Jersey 07081

Incorporated in State of New Jersey


NAME	ADDRESS	PERCENT OWNED (%)
Marc Gilbert	210 Mountain Avenue, PO Box 1330, Springfield, NJ 07081	50
Charles Larkin	26 Christy Lane, Springfield, NJ 07081	50

I certify that the above represents the name(s) and address (es) of all members with a 10% or greater interest in the above limited liability company. If one or more of the above is itself a corporation or partnership. I have annexed hereto the names and addresses of anyone who owns a 10% or greater interest therein.

I certify that the foregoing statements made by me are true. I am aware that if any of the going statements made by me are willfully false, I am subject to punishment.

Date: 2/8/21

Brookside Flats LLC

By: 
Name: Marc Gilbert
Title: managing member

{00971740.1}