

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H16000110033 3)))



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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800) 221-2972 Fax Number : (888)692-9256

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

Email Address:

Foreign Limited Liability Company

368 E. 148th Street Associates, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

MAY 0 4 2016

3 MASON

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:

	ssociates, LLC reign Limited Liability Company; must inclu	de "Limited Liability Company," "L.	C.," or "LLC.")
(If name unavailable, enter a	alternate name adopted for the purpose of trail	sacting business in Florida. The alter	nate name must include "Limite
2. New York	3.		
(Jurisdiction under the lav company is organized)	v of which foreign limited liabillty	(FEI number, if ap	plicable)
4			
	(Date first transacted business in Flo (See sections 605,0904 & 605,0905, F	orlda, if prior to registration.)	'
1500 Paerdegat Av		, , , , , , , , , , , , , , , , , , , ,	
Brooklyn, N.Y. 11236		, , , , , , , , , , , , , , , , , , , ,	
2130Kiyu, 13.11.11230	(Street Address of Principa	Office)	: N
1500 Paerdegat Av		J	The second secon
			元 4.
Brooklyn, N.Y. 11236	(Mailing Address)		
	, ,		
. Name and street addres	ss of Florida registered agent: (P.O. Box BLUMBERGEXCELSIOR CORPORAT		II: IU
Name:	SEGMIDENCE SIGN CONTONAL	L JERVICES, INC.	DE 4
Office Address:	155 Office Plaza Drive, 1st Fl.		•
	TALLAHASSEE	, Florida 32301	
	(City)	(Zip co	de)
uving neen numeu us re	gistered agent and to accept service of p	registered agent and agree to ac	a navinty company at the pu t in this capacity. I further a
complywith the provision	ons of all statutes relative to the proper of my position as registered agent. Asst	ind complete performance of my Secretary, Jose Moljica	
complywith the provision complywith the provision of recept the obligations of r	ons of all statutes relative to the proper on position as registered agent. Asst	and complete performance of my Secretary, Jose Moljica ('s signature)	
complywith the provision complywith the provision of recept the obligations of recept the name, title or capalichard Marshell	ons of all statutes relative to the proper on position as registered agent. Asst	and complete performance of my Secretary, Jose Moljica ('s signature)	
complywith the provision complywith the provision of recept the obligations of recept the name, title or capalichard Marshel	(Registered agenticity and address of the person(s) who has	and complete performance of my Secretary, Jose Moljica ('s signature)	
. The name, title or capatichard Marshel	(Registered agenticity and address of the person(s) who has	and complete performance of my Secretary, Jose Moljica ('s signature)	
complywith the provision coept the obligations of the coept	(Registered agence) (Register	and complete performance of my Secretary, Jose Moljica it's signature) Thave authority to manage is/are: Luly authenticated by the official his in a foreign language, a translat	duties, and I am familiar wi
The name, title or capa tichard Marshel 500 Paerdegat Avenurooklyn, N.Y. 11236 Attached is a certificate or indicated in the translator must be sure.	(Registered agent Asst (Registered agent) Asst (Regist	Secretary, Jose Moljica I's signature) Thave authority to manage is/are: uly authenticated by the official his in a foreign language, a translated person b), Florida Statutes, I am aware the	aving custody of records in the
The name, title or capalichard Marshel 500 Paerdegat Avenurooklyn, N.Y. 11236 Attached is a certificate or indicated in the translator must be sure.	(Registered agent Asst (Registered agent) Asst (Regist	Secretary, Jose Moljica I's signature) Thave authority to manage is/are: uly authenticated by the official his in a foreign language, a translated person b), Florida Statutes, I am aware the	aving custody of records in the certificate under or the certificate under or at any false information s.817.155, F.S.

State of New York Department of State } ss:

! hereby certify, that 368 E. 148TH STREET ASSOCIATES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/26/2002, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Biennial Statement was filed 02/07/2006.

A Biennial Statement was filed 02/21/2008.

A Biennial Statement was filed 03/08/2010.

A Biennial Statement was filed 03/30/2012.

A Biennial Statement was filed 02/07/2014.

I further certify, that no other documents have been filed by such Limited Liability Company.

OF NEW OF A TAMENT OF

Witness my hand and the official seal of the Department of State at the City of Albany, this 02nd day of May two thousand and sixteen.

Anthony Giardina

Duttiny Sicilia

Executive Deputy Secretary of State

201605030148 * 39