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Florida Department of State
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To:

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

From:

Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES
Account Number : ~~120030000~~112
Phone : (239)552-4100
Fax Number : (239)649-0158

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Foreign Limited Liability Company
36-02 35TH AVE. DEVELOPMENT L.L.C.

Certificate of Status	0
Certified Copy	1
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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. 36-02 35TH AVE. DEVELOPMENT, L.L.C. (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.")

2. NEW YORK (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)

5. 9 Loman Court (Street Address of Principal Office) Cresskill, New Jersey 07626 6. 9 Loman Court (Mailing Address) Cresskill, New Jersey 07626

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

Name: Salvatori, Wood, Buckel, Carmichael & Lottes Office Address: 9132 Strada Place, Fourth Floor Naples, Florida 34108

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)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Rows include Managing Member Lawrence Cerullo, Managing Member Tommy Demaras, and Managing Member Stergios Tallides.

(Use attachments if necessary)

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)

(Signature of an authorized person)

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.

Leo J. Salvatori (Typed or printed name of signer)

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**State of New York
Department of State } ss:**

I hereby certify, that 36-02 35TH AVE. DEVELOPMENT L.L.C. a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/29/2003, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 24th day of April
two thousand and seventeen.*

A handwritten signature in black ink, appearing to read "Brendan W. Fitzgerald", is written over a horizontal line.

Brendan W. Fitzgerald
Executive Deputy Secretary of State