

M18000004828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

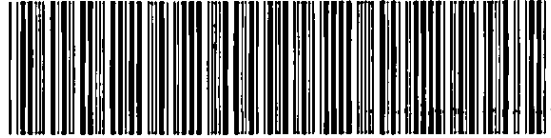
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400313682734

2018 MAY 18 AM 10:35
CLERK OF SUPERIOR COURT
FALL APASSER FLD 0110

FILED

18 MAY 18 PM 2:33

B FIGUEROA

MAY 21 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 216796 7575103
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 160.00

ORDER DATE : May 17, 2018
ORDER TIME : 12:43 PM
ORDER NO. : 216796-020
CUSTOMER NO: 7575103

FOREIGN FILINGS

NAME: SG984 OWNER 2 LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
- PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____

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. SG984 OWNER 2 LLC
(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. 245 Saw Mill River Road (Street Address of Principal Office)
Hawthorne, NY 10532

6. 245 Saw Mill River Road (Mailing Address)
Hawthorne, NY 10532

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)

2010 MAY 18 AM 10:00
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
 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.

By: Emily Croft
(Registered agent's signature)

Emily Croft
Asst. Vice President

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Samuel Ginsburg</u> <u>245 Saw Mill River Rd</u> <u>Hawthorne, NY 10532</u>	_____	_____
<u>Authorized Rep.</u>	<u>Adam Ginsburg</u> <u>245 Saw Mill River Rd</u> <u>Hawthorne, NY 10532</u>	_____	_____

(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)

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.

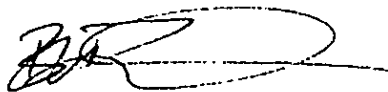
Adam Ginsburg
Signature of authorized person

Adam Ginsburg
Typed or printed name of signer

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

I hereby certify, that SG984 OWNER 2 LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/14/2018, 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 16th day of May
two thousand and eighteen.*



Brendan W. Fitzgerald
Executive Deputy Secretary of State



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SG984 OWNER 2 LLC

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:

Michael Orlandi

Name of Person

GDC Properties, LLC

Firm/Company

245 Saw Mill River Road

Address

Hawthorne, NY 10532

City/State and Zip Code

morlandi@gdcproperties.com

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

For further information concerning this matter, please call:

Michael Orlandi

914

742-4422

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$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

