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(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. CLINE  
SEP 16 2010  
EXAMINER

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\*\*\* ADMITTED IN FLORIDA

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SENIOR PARTNER

JENNIFER E. MARCUS

ASSOCIATE

MICHAEL B. KARLSSON II<sup>o</sup>

ASSOCIATE

CAROLINE BUCCI BENKOVIC<sup>o</sup>

ASSOCIATE

JANE A. LEBOWITZ

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**PERSONAL & CONFIDENTIAL**

September 9, 2010

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

To Whom It May Concern:


**Re: 491 NW Broken Oak Trail LLC**

Enclosed please find the following documents for the above referenced LLC:

1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
2. State of New York Certificate of Existence
3. Check in the amount of *one hundred twenty-five dollars and no cents* (\$125.00) for the filing fee.

Please process this application accordingly. If you should have any questions, please do not hesitate to call me at (914) 835-1818.

Sincerely yours,

  
Eugenia M. Vecchio, Esq.

Encl.

cc: Phillis MacDonald, Frank MacDonald

EMV/lv

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Page 1 of 1

Florida Division of Corporations

September 9, 2010

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 491 NW BROKEN OAK TRAIL 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:

EUGENIA M. VECCHIO, ESQ.

Name of Person

EUGENIA M. VECCHIO & ASSOCIATES PLLC

Firm/Company

550 MAMARONECK AVENUE, SUITE 210

Address

HARRISON, NY 10528

City/State and Zip Code

EMV@EUGENIAMVECCHIOESQ.COM

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

EUGENIA M. VECCHIO, ESQ. at ( 914 ) 835-1818

Name of 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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. 491 NW BROKEN TRAIL 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. NEW YORK STATE 3. 27-2873877  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 6/16/2010 5. PERPETUAL  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 95 MAIN STREET, TUCKAHOE, NY 10707  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

PHILLIS M. MACDONALD, TTEE, 95 MAIN STREET, TUCKAHOE, NY 10707

FRANK MACDONALD, 95 MAIN STREET, TUCKAHOE, NY 10707

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

Renting of property owned by the LLC

PHILLIS M. MACDONALD

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

PHILLIS M. MACDONALD

Typed or printed name of signee

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

491 NW BROKEN TRAIL LLC

If unavailable, the alternate to be used in the state of Florida is:

\_\_\_\_\_

2. The name and the Florida street address of the registered agent and office are:

DIANE C. LIBERATO

(Name)

4529 INDIAN OAK CT.

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

JENSEN BEACH, FL 34957

City/State/Zip

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TALLAHASSEE, FLORIDA

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

*Diane C. Liberato*  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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

I hereby certify, that 491 NW BROKEN OAK TRAIL LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/16/2010, 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 29th day of July two  
thousand and ten.*



*First Deputy Secretary of State*