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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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DEC 17 2015

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Dean Myerow Associates LLC Name of Limited Liability Company |
| 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: |
| Dean Myerow Name of Person |
| |
| Dean Myerow Associates LLC Firm/Company |
| |
| 324 Coconut Isle Drive |
| Addiess |
| Fort Landerdale FL 3330/ City/State and Zip Code |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Dean Myerow at 914 391 7714 Name of Contact Person Area Code Daytime Telephone Number |
| Name of Contact Person Area Code Daytime Telephone Number |
| MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |
| Enclosed is a check for the following amount: \$\frac{125.00 \text{ Filing Fee}}{Certificate of Status} \frac{155.00 \text{ Filing Fee} & \text{ \$155.00 \text{ Filing Fee} & \text{ \$160.00 \text{ Filing Fee}, Certificate of Status & Certified Copy}} \$\frac{155.00 \text{ Filing Fee}}{Certificate \text{ \$160.00 \text{ Filing Fee}, Certificate of Status & Certified Copy}} \$\frac{155.00 \text{ Filing Fee}}{Certified Copy} \text{ \$160.00 \text{ Filing Fee}, Certificate of Status & Certified Copy}} \$\frac{155.00 \text{ Filing Fee}}{Certified Copy} \text{ \$160.00 \text{ Filing Fee}, Certificate of Status & Certified Copy}} \$\frac{155.00 \text{ Filing Fee}}{Certified Copy} \text{ \$160.00 \text{ Filing Fee}} \text{ \$160.00 \text{ Filing Fee}} \text{ \$160.00 \text{ Filing Fee}} \$\text{ \$160.00 \text{ Filing Fee}} \text{ \$160.00 \text{ Filing Fee}} \text |

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | FOREIGN LIMITED LI | <i>LABILITY</i> |
|--|--|-----------------|
| 1. Dean Myerow Associates 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 Liability Company," "L.L.C," or "LLC.") | ne must include "Limite | ed |
| 2 New York 3 47-2722251 | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) | | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | _ | |
| 5. 324 Coconut Iske Dr | - | |
| Fort Lauder Cale FL 33301 (Street Address of Principal Office) | - | |
| 6. DY Coconut Isk Dr | - | |
| Fort Lauderdule FL 3330/ (Mailing Address) | - Sg = | |
| 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | CRE CAH | ji, de |
| Name: Dean Myerow | IAR) | ecan ecan |
| Office Address: 324 Coconut Isk Drive | E P | r) |
| Fort Lauder dul, Florida 3330/ (City) (Zip code) | - RESTA | 7 |
| Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liabil | | -1 |
| designated in this application, I hereby accept the appointment as registered agent and agree to act in this to complywith the provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent. | is capacity. I further | r agree |
| Dean a Musica | | |
| (Registered agent's signature) | - | |
| 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: | | |
| Dean Myerow, Manager | | |
| 324 Coconut Isk Drive | | |
| Fort Lauderdale, FL 33301 | , | |
| 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having of jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of of the translator must be submitted) | custody of records in the certificate under | the oath |
| Signature of an authorized person | _ | |
| | | |
| This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817. Dean Herow | false information 155, F.S. | |
| Typed or printed name of signee | | |

State of New York Department of State } ss:

I hereby certify, that DEAN MYEROW ASSOCIATES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/08/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of DEAN MYEROW ASSOCIATES LLC was filed on 08/04/2015.

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



201512090699 * PT

Witness my hand and the official seal of the Department of State at the City of Albany, this 08th day of December two thousand and fifteen.

Anthony Giardina
Executive Deputy Secretary of State

15 DEC 17 MIL: OF STATES AND ASSEE, FLORIDA