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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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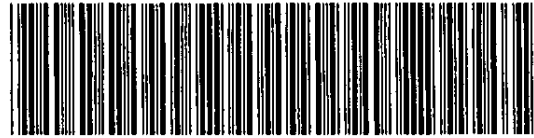
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TO: Registration Section
Division of Corporations

SUBJECT: 410 SS, 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:

Gina Wright

Name of Person

Gina Wright, CPA

Firm/Company

580 Commonwealth Place

Address

Sarasota, FL 34242

City/State and Zip Code

gwrightcpa@gmail.com

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

For further information concerning this matter, please call:

Gina Wright

Name of Contact Person

949

Area Code

640-2002

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 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. 410 SS, 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 3. 47-2721461
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 410 Sanford Rd S 6. 410 Sanford Rd S
(Street Address of Principal Office) (Mailing Address)
Churchville, NY 14428 Churchville, NY 14428

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

Name: Gina Wright
Office Address: 580 Commonwealth Place
Sarasota, Florida 34242
(City) (Zip code)

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.

Gina Wright
(Registered agent's signature)

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>Managing Member</u>	<u>Paul Thompson</u> <u>6670 Hesselthaler Rd</u> <u>Byron, NY 14422</u>	<u>Admin Assistant</u>	<u>Lori Yockey</u> <u>410 Sanford Rd S</u> <u>Churchville, NY 14428</u>
<u>Member</u>	<u>Christin Thompson</u> <u>6670 Hesselthaler Rd</u> <u>Byron, NY 14422</u>	<u>Accountant</u>	<u>Gina Wright</u> <u>580 Commonwealth Place</u> <u>Sarasota, FL 34242</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)

Gina Wright
Signature of 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.

Gina Wright
Typed or printed name of signee

State of New York
Department of State } ss:

I hereby certify, that 410 SS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/04/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 14th day of April two
thousand and seventeen.*

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*