

L100000 28670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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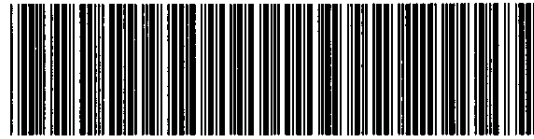
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 MAR 17 PM 4:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

MAR 18 2010

EXAMINER

FILED
10 MAR 17 AM 8:08
SECRETARY OF STATE
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 316708 7266795

AUTHORIZATION

COST LIMIT \$ 25.00

FILED STATE
SECRETARY OF CORPORATIONS
10 MAR 17 AM 8:08

ORDER DATE : March 15, 2010

ORDER TIME : 3:51 PM

ORDER NO. : 316708-015

CUSTOMER NO: 7266795

DOMESTIC AMENDMENT FILING

NAME: NORTHROP AGENTS LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER'S INITIALS: _____

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 17 AM 8:08

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is: Northrop Agents LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
The principle office address, mailing address and address of the manager
are incorrect. The correct address is 11 East 44th Street, New York, NY 11017

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: March 17, 2010

/s/ Thomas Ragan

Signature of a member or authorized representative of a member

Thomas Ragan

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000028670
FILED 8:00 AM
March 15, 2010
Sec. Of State
clewis

Article I

The name of the Limited Liability Company is:
NORTHROP AGENTS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1 EAST 44TH STREET
NEW YORK, NY. 10017

The mailing address of the Limited Liability Company is:
1 EAST 44TH STREET
NEW YORK, NY. 10017

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
CORPORATION SERVICES COMPANY
1201 HAYS STREET
TALLAHASSEE, FL. 32301

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.

Registered Agent Signature: JOHN PELLETIER

Article V

The name and address of managing members/managers are:

Title: MGR
THOMAS RAGAN
1 EAST 44TH STREET
NEW YORK, NY. 10017

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March 15, 2010
Sec. Of State
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Signature of member or an authorized representative of a member

Signature: THOMAS RAGAN