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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

6

FLORIDA LIMITED LIABILITY CO. **MLCNY LLC**

Certificate of Status	0
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Tallahassee, FL 32314

COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	MLCNY LLC		
SUBSEC		e of Limited Liability Company	
The enclo	sed Articles of Organization and fo	ee(s) are submitted for filing.	
Please ret	um all correspondence concerning	this matter to the following:	
	Betsy J. Mills, Paralegal		
		Name of Person	_
	Hodgson Russ LLP		
	_		
	140 Pearl Street, Suite 100	3.	2023 #
		Address	p.
	Buffalo, NY 14202	Address	2023 APR 19 PM 1:4
	casweiss@gmail.com	City/State and Zip Code	_ _
	E-mail address: (to	be used for future annual report notification)	<u> </u>
For further	information concerning this matter	r, please call:	; 1 ·
	Betsy J. Mills	716 848-1296 _at ()	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed	is a check for the following amour	nt:	
₩\$125.0	0 Filing Fee ☐\$130.00 Filing Certificate of Sta		&
	Mailing Address New Filing Section	Street Address New Filing Section Division The Centre of Tallahassee	
	Division of Corporations P.O. Box 6327	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

MLCNY LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
Principal Office Address:	Mailing Address
Principal Office Address: 415 L'Ambiance Drive	Mailing Address Box 202
	Mailing Address Box 202 Millwood, VA 22646-0202

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

801 US Highway 1			
Florida street address	(P.O. Box NOT a	cceptable)	=
North Palm Beach	FL	33408	İ
City	State	Zip	

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 605, F.S.

V43 265

Nicholas Nichols, Special Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	Jeffrey P. Weiss	
AMBR	415 L'Ambiance Drive, Apartment D406	
	Long Boat Key, FL 34228	
AMBR	Christie Stone Weiss	
	415 L'Ambiance Drive, Apartment D406 Long Boat Key, FL 34228	
		
		
effective date is listed, the date mus	he date of filing:	or 90 dags s
ate of filing.)		
	es not meet the applicable statutory filing requirements, this date w	ill not belijst
ocument's effective date on the Depa	rtment of State's records.	. 9
CLE VI: Other provisions, if any.	Ţ,	-0
		PK
	·	n :
		`` =;
REQUIRED SIGNATURE:		ΠΊ
/s/ Jeffrey I	P. Weiss	
01	of a member or an authorized representative of a member.	
		tutes.
This document is	s executed in accordance with section 605.0203 (1) (b), Florida Star	
This document is		
This document is I am aware that a	ny false information submitted in a document to the Department of degree felony as provided for in s.817.155, F.S.	
This document is I am aware that a	ny false information submitted in a document to the Department of I degree felony as provided for in s.817.155, F.S.	

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)