

Division of Corporations

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Florida Department of State
Division of Corporations
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(((H02000178874 2)))

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Account Name : FOWLER, WHITE, BURNETT, ET AL
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FOREIGN LIMITED LIABILITY COMPANY

212 MIDDLE NECK LLC

Certificate of Status	1
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**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:

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1. 212 MIDDLE NECK LLC
(Name of foreign limited liability company)
2. New York
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 13-3836381
(FEI number, if applicable)
4. 06/15/2001
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing of Application and issuance of Certificate of Authority
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.135, F.S.))
7. 7-11 South Broadway, Suite 308
White Plains, New York 10601
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here ☐
9. The names and usual business addresses of the managing members or managers are as follows:
None
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: Any lawful business for which a limited liability company may be authorized to do business under the laws of the State of Florida.

[Signature]
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.)

JOSEPH GOLDBERG

Typed or printed name of signer

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**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.

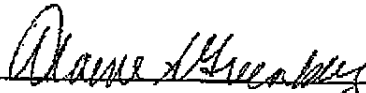
1. The name of the Limited Liability Company is:

212 MIDDLE NECK LLC

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

Alaine S. Greenberg, Esq.
(Name)100 S.E. 3rd Avenue, Suite 1100Florida street address (P.O. Box **NOT** ACCEPTABLE)Ft. Lauderdale, Florida 33394
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.


(Signature)

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

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

I hereby certify, that 212 MIDDLE NECK LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/15/2001, and that the Limited Liability Company is subsisting 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 06th day of August
two thousand and two.*



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