

M05000003070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

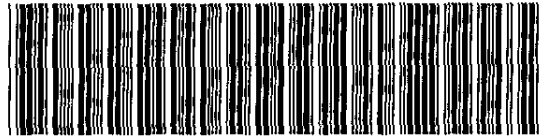
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

BK

Office Use Only



500055702835

FILED  
05 JUN -7 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
05 JUN -7 PM 1:15  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 411546 7414396

AUTHORIZATION

*Patricia Pigato*

COST LIMIT : \$ 125.00

FILED  
05 JUN -7 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : June 6, 2005

ORDER TIME : 3:30 PM

ORDER NO. : 411546-035

CUSTOMER NO: 7414396

CUSTOMER: Ms. Adrienne Hunninghaus  
Depinto Nornes & Associates,  
Suite 200  
445 Broad Hollow Road  
Melville, NY 11747

FOREIGN FILINGS

NAME: FLASN, LLC

XXXX QUALIFICATION (TYPE: LL)

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: \_\_\_\_\_

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  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

FILED  
05 JAN -7 PM 8:14  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

1. FLASN, LLC  
(Name of Foreign Limited Liability Company)
2. New York  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEW number, if applicable)
4. October 18, 2004  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 FS to determine penalty liability)
7. 4051 N.E. 27<sup>th</sup> Terrace, Lighthouse Point, Florida, 33064  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Jason Norberto, Manager, 4051 N.E. 27<sup>th</sup> Terrace, Lighthouse Point, Florida, 33064

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: Real Estate

E. Romy D. Norberto  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), FS, the execution of this document constitutes  
an affirmation under the penalties of perjury that the facts stated herein are true.)

Eveling Romy Norberto, Member  
Typed or printed name of signed

**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:

FLASN, LLC

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

Eveling Romy Norberto

(Name)

4051 N.E. 27<sup>th</sup> Terrace

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Lighthouse Point, Florida 33064

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 608, Florida Statutes.*

  
Eveling Romy Norberto

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

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

*I hereby certify, that FLASN, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/18/2004, and that the Limited Liability Company is existing 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 June  
two thousand and five.*

A handwritten signature in black ink, appearing to read "K. A. DeSantis", is written over a horizontal line.

*Secretary of State*