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#### TRANSMITTAL LETTER

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**TO:** Registration Section Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: Soutside Ventures, LLC	
	ed Liability Company)
	wility Company for Authorization to Transact Business in smitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
Ryan L. Snyder, Esq.	
(Nan	ne of Person)
Wilkins, Frohlich, Russell, Hanaoka & Mize	
(Firr	n/Company)
14295 South Tamiami Trail	
(.	Address)
North Port, FL 34287	
(City/Sta	te and Zip Code)
For further information concerning this matter, plea	se call:
Ryan L. Snyder	at (941 ) 429-1871
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$\overline{\overl	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate  Status Certified Copy of Status & Certified Copy

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### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR ACTHORIZATION TO TALLAHASSEE. FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Southside Ventures, LLC	8 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1
(Name of Foreign I	Limited Liability Company)
New York	3 .16-1322980
(Jurisdiction under the law of which foreign limited I company is organized)	316-1322980 [Iability (FEI number, if applicable)
1985	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
NA	· ::
(Date first transacted busin	ness in Florida, if prior to registration.) 3.502 F.S. to determine penalty liability)
1191 Chenango St., Binghamton, NY 13901	and the same
•	
/Chan	Address of Principal Office)
(2ueer	Address of Finicipal Office)
. If limited liability company is a manager-m	nanaged company, check here 🔽
The name and usual business addresses of t	the managing members or managers are as follows:
. The name and usual business addresses of	the managing memoers of managers are as rone no.
J. William Quinn, 1191 Chenango St., Binghar	mton, NY 13901
Mark Robinson, 19505 Quesada Avenue, Unit	t LL102, Port Charlotte, FL 33948
0. Attached is an original certificate of existence, no mon the jurisdiction under the law of which it is organized. (A ranslation of the certificate under oath of the translator mu	e than 90 days old, duly authenticated by the official having custody of recomphotocopy is not acceptable. If the certificate is in a foreign language, a ust be submitted.)
1. Nature of business or purposes to be cond	lucted or promoted in Florida: Real Estate Rentals
	h
MALINE	
Signature of a member	or an authorized representative of a member.
(In accordance with section 608	8.408(3), F.S., the execution of this document constitutes
	ties of perjury that the facts stated herein are true.)
Mark Robinson	

Typed or printed name of signee

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE JUL -5 P 1: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA 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:	
Sc	outhside Ventures, LLC	·
2.	. The name and the Florida street address of the registered agent and office are:	
	Mark Robinson	
	(Name)	
	19505 Quesada Avenue, Unit LL102	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Port Charlotte FL 33948  City/State/Zip	
	0.0y.0m.0.2.p	

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.

(Stgnature)

\$ 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

I hereby certify, that SOUTH SIDE VENTURES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/12/2003, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

An Affidavit of Publication of SOUTH SIDE VENTURES, LLC was filed on 01/15/2004.

An Affidavit of Publication of SOUTH SIDE VENTURES, LLC was filed on 01/15/2004.

I further certify, that no other documents have been filed by such Limited Liability Company.

Witness my hand and the official seal of the Department of State at the City of Albany, this 21st day of June two thousand and five.

Secretary of State

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