# M07000004320

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SECRETARY OF STATALLAHASSEE, FLOR

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: REACCOM FINANCIAL PARTNERS LLC (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
EDWARD J. DZIADUL (Name of Person)
(Name of Person)
REAL COM FINANCIAL PARTNERS LLC (Firm/Company)
39 HOFFSTOT LANE (Address)
SANDS POINT, NY 1/050 (City/State and Zip Code)
For further information concerning this matter, please call:
EDWARD DZIADUC at (516) 708-1673 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations  Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Bigsim \frac{\pmatrix}{\pmatrix}\$125.00 Filing Fee \$\Bigsim \frac{\pmatrix}{\pmatrix}\$130.00 Filing Fee & \$\Bigsim \frac{\pmatrix}{\pmatrix}\$160.00 Filing Fee, Certificate of Status \$\Bigsim \text{Certified Copy}\$  Certificate of Status \$\Bigsim \text{Certified Copy}\$

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN 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: (Name of Foreign Limited Liability Company) NEW YORK STATE

(Jurisdiction under the law of which foreign limited liability 3. 13 - 3962253

(FEI number, if applicable) company is organized) 9/1/97 4. 9/1/97
5. PERFETURE

(Date of Organization)

NOTE: ALL BUSINESS FROM THE ELSENTOS "perpetual") HAS BEEN TRANSACTED WIT LOCATED IN NEW YORK CHILL SHE SHE TO BELL 2007 AND THUS.

6. 1/1/06 - PL 608.501(2)(i) DOSS NOT CONSTITUTE TRANSACTIVE BUSINESS WITHIN THE MEAN. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 39 HOFFSTOT LANK 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: EDWARD J. DZIADUL 39 HOFFSIOT LANE, SANDS POINT, NY 1105D JOSEPH G. KIELY 926 VILLA PLOPENZA DRIVE, NAPLES, FL 34119 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: Signature of a number 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 G. KIELY

Typed or printed name of signee

## 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.

١.	The name of the Limited Liability Company is:	•
	REAL COM FWANCIAL PARENESS LLC	
2.	The name and the Florida street address of the registered agent and office are:	
	JOSEPH G. KIELY	SECT TALL
	(Name)	題ニョ
	926 VILLA FLORENZA DRIVE	SSEE.
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	E-51
	NAPLES FL 3419	DRIDA ATE ATE
	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.

Joseph G. Kuly
(Signature)

\$ 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 REALCOM FINANCIAL PARTNERS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/21/1997, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 23rd day of May two thousand and seven.

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Special Deputy Secretary of State

200705240307 49

07/17/2007 13:34 518-486-4680 N. Y. S. DEPARTMENT OF STATE

DIVISION OF CORPORATIONS AND STATE RECORDS

ALBANY, NY 12231-0001

#### FILING RECEIPT

ENTITY NAME: REALCOM FINANCIAL PARTNERS LLC

DOCUMENT TYPE: BIENNIAL STATEMENT (DOM LLC)

PROCESS

COUNTY: NEWY

FILED: 07/03/2007 DURATION: \*\*\*\*\*\*\* CASH#: 070703002258 FILM #: 070703002258

FILER:

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THE LLC

39 HOFFSTOT LANE

SANDS POINT, NY 11050

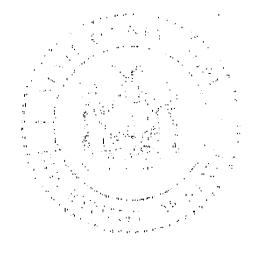
ADDRESS FOR PROCESS:

THE LLC

39 HOFFSTOT LANE

SANDS POINT, NY 11050

REGISTERED AGENT:



SERVICE CODE: 00

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DOS-1025 (04/2007)