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#### **COVER LETTER**

PO: Registration Section Division of Corporations	
SUBJECT: ARM-CAPACITY OF NEW YORK, (Name of Lim	LLC
	ability Company for Authorization to Transact Business in ubmitted to register the above referenced foreign limited
Please return all correspondence concerning this n	natter to the following:
Frederick R. Gerson, Esq.	ame of Person)
(116	and of t disony
Robinson & Gerson, P.C.	
(Fi	rm/Company)
7102 Three Chopt Road	
	(Address)
Richmond, Virginia 23226	5
(City/St	tate and Zip Code)
For further information concerning this matter, ple	ease call:
Linda Michalik, Legal Assistant	at (804 ) 288–1801
(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:  ☐ \$125.00 Filing Fee  ☐ \$130.00 Filing Fee &  Certificate of	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate f Status Certified Copy of Status & 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: ARM-Capacity of New York, LLC (Name of Foreign Limited Liability Company) New York (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 4. March 19, Perpetual
(Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") 6. Upon Qualification (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 90 Broad Street, Suite 1503 New York, New York 10004 (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: SEE ATTACHED LIST 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: Non-resident insurance agency sales & service 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.) Carl A. Gerson

Typed or printed name of signee

#### ARM - Capacity of New York, LLC

FEIN # 20-8680091

Type of Corporation: LLC

Date of Incorporation: March 19, 2007- New York

Address: 90 Broad St. Suite #1503 New York, NY 10004

Phone 646-459-2400

Russell Weinstein, Co President-COO

320 E. Shore Rd, 14A Great Neck, NY 11023

10/24/1971

David Harris, Co-President CEO

420 East 72nd Street, 5E New York, NY 10021

8/22/1964

Robert G. Lull, Treasurer

44 Denise Drive Kinnelon, NJ 07405 (973) 283-8837

2/2/59

Carl A. Gerson, Secretary

176 Sheridan Avenue Ho Ho Kus, NJ 07423 (201) 612-1075

4/17/60

Ownership

CCC 50% ARM 50%

## 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:
ARM-Capacity of New York, LLC
2. The name and the Florida street address of the registered agent and office are:
John D. Hatch, Esq.
(Name)
1267 Berkshire Lane, Suite 200
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Tarpon Springs FL 34688
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.

(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 ARM-CAPACITY OF NEW YORK, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/19/2007, 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 17th day of August two thousand and seven.

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