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SECRETARY OF STATE
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#### **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: Block Financial Resources LLC (Name of Limited Liability Company)						
Please return all correspondence concerning this m	atter to the following:					
Sean Bloch						
(Name of Person)						
Block Financial Resources LLC						
(Firm/Company)						
210 East 67th Street, #66						
	(Address)					
New York, NY 10065						
(City/Sta	ate and Zip Code)					
For further information concerning this matter, ple	ase call:					
Sean Bloch	at ( 212 ) 933-0157					
(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:  \$\sumsymbol{I}\$\$125.00 Filing Fee \$\sumsymbol{L}\$\$ Certificate of	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate 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 BY SINESS IN THE STATE OF FLORIDA:

	Ock Financial Resources LLC  (Name of Foreign Limited Liability Company; must include	e "Limited Liability Com	pany," "L.L.C.," oi	r "LLC.")	
consen	ne unavailable, enter alternate name adopted for the purpose it of the managers or managing members adopting the alternary," "L.L.C.," "LLC.")				
2. <b>Ne</b>	ew York 3.	26-2161942			
(Juri com	isdiction under the law of which foreign limited liability pany is organized)	( FEI num	ber, if applicable)		
4, 03		perpetual			
	(Date of Organization)	(Duration: Year limite exist or "perpetual")	d liability company	Pag c	S S S S S S S S S S S S S S S S S S S
6	(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	ida, if prior to registration o determine penalty liabil	ity)		<b>2</b> 4
7. <u>2</u>	10 East 67th Street, #66				E T
<u>N</u>	ew York, NY 10065			STAT	
	(Street Address of	f Principal Office)		25	
8. If	limited liability company is a manager-managed c	ompany, check here			
9. Th	e name and usual business addresses of the manag	ging members or man	agers are as foll	lows:	
S	ean Bloch-210 East 67th Street, #66	New York, Nev	v York 1006	5	
<u>-</u>			<u></u>	·	
_			<u></u>		<del>_</del>
the juri	tached is an original certificate of existence, no more than 90 da sdiction under the law of which it is organized. (A photocopy tion of the certificate under oath of the translator must be submi	is not acceptable. If the cer			
11. N	Nature of business or purposes to be conducted or	promoted in Florida:	Mortgage E	3roker	
	Su Ch				<del></del> -
	Signature of a member or an auth (In accordance with section 608.408(3), F.S an affirmation under the penalties of perjur Sean Bloch	., the execution of this docu	ment constitutes		

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.

	of the Limited Liability Company is:  ncial Resources LLC	
If name unava	ilable, the alternate name to be used in the state of Florida is:	a
2. The name a	and the Florida street address of the registered agent and office are:	1 S 8
	InCorp Services, Inc.	08 NOV 24 SECRETAR TALLAHAS
	17888 67th Court North	PM 12:
	Florida Street Address (P.O. Box NOT ACCEPTABLE)  Loxahatchee, FL 33470	ORIDA ORIDA
	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 BLOCK FINANCIAL RESOURCES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/07/2008, 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 12th day of November two thousand and eight.

Special Deputy Secretary of State

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