

MOA0000000289

(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:

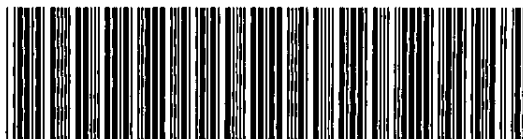
L. SELLERS

JAN 22 2009

EXAMINER

~~W08-12-210~~

Office Use Only



500138503545

12/11/08--01022--001 **125.00

FILED
09 JAN 21 AM 8:54
STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPY COAST FARM HOME OFFICE, 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:

PAUL MOELLER CPA
(Name of Person)

KATZMAN, WEINSTEIN & CO., LLC
(Firm/Company)

131 JERICO TURNPIKE SUITE 400 NEW YORK 11753
(Address)

JERICO, NEW YORK 11753
(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL MOELLER CPA at (516) 333-6881
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
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 Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2008

PAUL MOELLER CPA
KATZMAN, WEINSTEIN & CO., LLC
131 JERICHO TURNPIKE, STE. 400
JERICHO, NY 11753

SUBJECT: SPY COAST FARM HOME OFFICE, LLC
Ref. Number: W08000055302

We have received your document for SPY COAST FARM HOME OFFICE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal's office address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 008A00060243



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 24, 2008

PAUL MOELLER CPA
KATZMAN, WEINSTEIN & CO., LLC
131 JERICHO TURNPIKE, STE. 400
JERICHO, NY 11753

SUBJECT: SPY COAST FARM HOME OFFICE, LLC
Ref. Number: W08000055302

We have received your document for SPY COAST FARM HOME OFFICE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 108A00061674

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

1. SPY COAST FARM HOME OFFICE, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
Company," "L.L.C.," "LLC.")

2. NEW YORK

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 26-3604083

(FEI number, if applicable)

4. 10/23/2008

(Date of Organization)

5. _____

(Duration: Year limited liability company will cease to
exist or "perpetual")

6. 1/1/2009

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. _____

6 Bay Road
SETAUKET, NY 11733

(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:

LISA LOURIE

C/O KATZMAN, WEINSTEIN & CO., LLC

131 JERICHO TURNPIKE SUITE 400 NEW YORK NY 11753

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: PAYMASTER FOR

RELATED ENTITIES

X [Signature]
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.)

LISA LOURIE

Typed or printed name of signee

FILED
09 JAN 21 AM 8:54
CLERK OF STATE
TALLAHASSEE FLORIDA

**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:

SPY COAST FARM HOME OFFICE, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

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

WARREN E. AVIS JR

(Name)

125 WORTH AVENUE SUITE 203

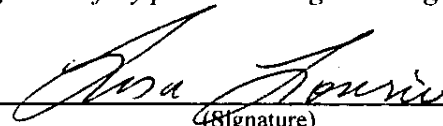
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

PALM BEACH, FLORIDA 33480

FL

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.

X 
(Signature)

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

FILED
09 JAN 21 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

I hereby certify, that SPY COAST FARM HOME OFFICE, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/23/2008, 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 08th day of January two
thousand and nine.*

200901090431 102



FILED
09 JAN 21 AM 8:54
TALLAHASSEE FLORIDA