MU9000001723

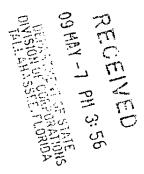
(Req	uestor's Name))		
(Add	ress)			
(Add	ress)			
. (City)	/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	iness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				

Office Use Only

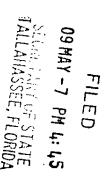


000155518980

05/08/09--01002--019 **155.00



B. KOHR
MAY - 7 2009
EXAMINER





UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

FILING & SEARCH		May	7, 2009
SERVICES	CO Studio T+	DRPORATION NAME (S) AND DOCUMENT L, LLC	I NUMBER (S):
			7 7
Filing Evidence □ Plain/Confirmation	n Copy	Type of Document ☐ Certificate of Status	THE STATE OF
□ Certified Copy		□ Certificate of Good Se	tanding
		□ Articles Only	
Retrieval Reque	st	□ All Charter Documen Articles & Amendmen □ Fictitious Name Certi	nts
□ Certified Copy		□ Other	
NEW FILINGS		AMENDMENTS	
Profit		Amendment	
Non Profit		Resignation of RA Officer/Director	
Limited Liability		Change of Registered Agent	
Domestication		Dissolution/Withdrawal	
Other		Merger	
OTHER FILINGS		REGISTRATION/QUALIFICATION	
Annual Reports		Foreign	
Fictitious Name	X	Limited Liability	
Name Reservation		Reinstatement	
Reinstatement		Trademark	
		Other	

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:

STUDIO T+L, 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 3. 20-4036832
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. December 23, 2005 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to 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)
7. 333 Fourth Street, Suite 3E
Brooklyn, NY 11215
(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:
Jason Livingston
333 Fourth Street, Suite 3E
Brooklyn, NY 11215
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 eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida:
General Architectural Consulting
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.) Jason Livingston, Member

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.

1. The name	of the Limited Liability C	ompany is:	
STUDIO T	+L, LLC		
If name unav	ailable, the alternate name	to be used in the state of Florida is:	
2. The name	and the Florida street add	ress of the registered agent and office ar	e:
	United Co	orporate Services, Inc.	
		(Name)	
	9200 South	Dadeland Boulevard, Suite 508	
	Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	
	Miami	FL 33156	
		City/State/Zip	· - ·
liability comp agent and ag relating to the obligations of	oany at the place designate ree to act in this capacity. e proper and complete perj	and to accept service of process for the a d in this certificate, I hereby accept the ap I further agree to comply with the provisi formance of my duties, and I am familiar v agent as provided for in Chapter 608, Fla	opointment as registered ons of all statutes with and accept the

\$ 100.00

\$ 25.00

30.00

5.00

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

State of New York Department of State } ss:

I hereby certify, that STUDIO T+L, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/23/2005, 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 STUDIO T+L, LLC was filed on 04/13/2006.

An Affidavit of Publication of STUDIO T+L, LLC was filed on 04/13/2006.

A Biennial Statement was filed 01/04/2008.

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 06th day of May two thousand and nine.

Daniel Shapiro

First Deputy Secretary of State

200905070129 * 37