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(Req	uestor's Name))
(Address)		
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(City/	State/Zip/Phon	ne #)
PICK-UP		MAIL
(Busi	ness Entity Na	me)
(Доси	ıment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only

B. KOHR

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EXAMINER



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10/24/11--01013--027 **160.00

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2011

ALFREDO PATANE 1070 OCEANVIEW AVE. ASSOCIATES, LLC 2804 WOODS AVE. OCEANSIDE, NY 11572

SUBJECT: 1070 OCEANVIEW AVE. ASSOCIATES, LLC

Ref. Number: W11000054566

We have received your document for 1070 OCEANVIEW AVE. ASSOCIATES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In addition to your application, you must submit a Certificate from the New York Secretary of State's office. This Certificate in New York is called a CERTIFICATE UNDER SEAL. It is also referred to as a CERTIFICATE OF GOOD STANDING or a CERTIFICATE OF EXISTENCE.

The Certificate will state the name of your company and the fact that it continues in active existence in New York.

Your Certificate must be dated within the past 90 days.

An example of a New York Certificate is enclosed.

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) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 211A00024312

Hease note that we have enclosed herewith as fer your request a "Certificate of Good Standing"— We hope that this is all that is needed and that our aflication can be filed Thank you.

THOU 28 PH 3: 30

COVER LETTÈR

Division of Corporations	29
SUBJECT: 1070 Oceanview Ave Associates LLC Name of Limited Liability Company	بن
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Ce Existence, and check are submitted to register the above referenced foreign limited liability company to transact business	rtificate o in Florida
Please return all correspondence concerning this matter to the following:	
Alfredo Patane, Name of Person	
1070 Oceanview Ave Associates LLC	
2804 Woods Ave.	
Oceanside, New York 11572 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: Alfredo Patane at 917, 991-5143 (cell Name of Person Area Code & Daytime Telephone Number	ne) '()
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\int\\$\$125.00 \text{Filing Fee} \text{\$\int\\$}\$130.00 \text{Filing Fee & Certificate of Status} \text{\$\int\\$}\$155.00 \text{Filing Fee & Certified Copy} \text{\$\int\\$}\$160.00 \text{Filing Fee, Certified Copy}	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS: IN THE STATE OF FLORIDA:

1. 1070 OCEAN VIEW AVENUE ASSOCIATES LLC (Name of Foreign Diamonal 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 writte 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 Jork (Jurisdiction under the law of which foreign limited liability 3. 1/-2901590 (FEI number, if applicable)
4. 5/12/06 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. Onte first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 2804 Woods Ave.
Oceanside, New York 11572 83
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: FRANCESCO CECCHINI Alfredo Patane:
PROPERTY MANAGER Gen. Manager + Owner 218 E. Commercial Blvd. 2804 Words Ave.
Lauder dule By The Sea, Fl. 33308 (Oceans) be, N.), 11572 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: Strip
Shopping controls paraul
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. I am aware that any false information submitted in a
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
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.

1070 Creanview Ave. Associates, L. L.C
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Alfredo Patane (Name)
3430 Galt Ocean Drive, Apt. 801 Florida Street Address (P.O. Box NOT ACCEPTABLE)
Ft. Lauderdale FL 33308 City/State/Zip

1. The name of the Limited Liability Company is:

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

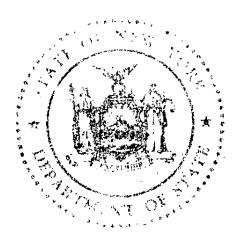
\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of New York Department of State } ss:

I hereby certify, that 1070 OCEAN VIEW AVENUE ASSOCIATES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/12/2006, 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 02nd day of November two thousand and eleven.

First Deputy Secretary of State