

M13000002410

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H13000085790 3)))



H130000857903ABCO

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***  
Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
LQMD Associates, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

APR 17 2013

J. BRYAN

4/16/2013

FILED  
2013 APR 16 AM 7:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

13 APR 16 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. **LOMD ASSOCIATES, 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. **20-5794024**

(FBI number, if applicable)

4. **OCTOBER 23, 2008**

(Date of Organization)

5. **PERPETUAL**

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

6. **04/01/2013**

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

7. **540 TOWNE DRIVE, FAYETTEVILLE, NY 13066**

(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:

**LOUIS P. AIELLO c/o COR Development Company, LLC, 540 Towne Drive,  
FAYETTEVILLE, NY 13066**

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:

**Hold and manage real property and any other lawful purpose**

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 penalty 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.)

**LOUIS P. AIELLO**

FILED  
2013 APR 16 AM 7:54  
SECRETARY 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:

**LOMD ASSOCIATES, LLC**

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:

**BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.**

(Name)

**155 Office Plaza Drive, 1st FL**

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

**TALLAHASSEE, FL 3230**

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.*

  
JOSE MOJICA, Assistant Secretary

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

**FILED**  
2013 APR 16 AM 7:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*I hereby certify, that LOMD ASSOCIATES, LLC a NEW YORK Limited Liability Company filed a Certificate of Conversion 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. I further certify the following:*

*A Certificate of Publication of LOMD ASSOCIATES, LLC was filed on 03/11/2009.*

*A Biennial Statement was filed 10/06/2010.*

*A Biennial Statement was filed 10/04/2012.*

*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 08th day of April  
two thousand and thirteen.*

Daniel Shapiro  
Special Deputy Secretary of State

201304090156 \* 80