Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FISHER & SAULS, P.A.

Account Number : 076666001271 : (727)822-2033 Phone Fax Number : (727)822-1633

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Foreign Limited Liability Company The Altilio Group, LLC

Certificate of Status	0
Certified Copy	0
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K. SALY EXAMINER

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September 23, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FISHER & SAULS, P.A.

SUBJECT: THE ALTILIO GROUP, LLC

REF: W13000052506

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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Karen A Saly Regulatory Specialist II 'FAX Aud. #: H13000210094
Letter Number: 313A00022242

RECEIVED

13 SEP 23 PM 2:
SECRETARY OF STA

H130002100943

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THE ALTILIO GROUP, 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:
ROBERT KAPUSTA, JR.
Name of Person
FISHER & SAULS, P.A.
Firm/Company
100 SECOND AVENUE SOUTH, SUITE 701
Address
ST. PETERSBURG, FL 33701
City/State and Zip Code
rkapusta@fishersauls.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Kapusta, Jr. at (727) 822-2033
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
Division of Corporations Registration Section Division of Corporations Registration Section
P.O. Box 6327 Clifton Building
Tallahassee, PL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy} \\ \text{Of Status & Certified Copy} \\ \ext{Of Status & Certified Copy} \\ Of
Charge our account
account

H130002100943

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

GΝ

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIG LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. THE ALTILIO GROUP, 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 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 YORK (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4. 06/07/2002 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. July 1, 2013
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 2333 East 72nd Street, Brooklyn, NY 11234
(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:
Joseph Altilio
2333 East 72nd Street, Brooklyn, NY 11234
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: leasing of real property
Joseph attilio
Signature of a Member or an authorized representative of a member. (In accordance with section 608.408(3), P.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.)
Togoh HLTILIS Typed or printed name of signee
Typed or printed name of signee

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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:
THE ALTILIO GROUP, 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:
ROBERT KAPUSTA, JR.
(Name)
100 SECOND AVENUE SOUTH, SUITE 701
Florida Street Address (P.O. Box NOT ACCEPTABLE)
ST. PETERSBURG FL 33701
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 register 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.

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

5.00

State of New York Department of State } ss

I hereby certify, that 1635 MCDONALD AVENUE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/07/2002, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment 1635 MCDONALD AVENUE LLC, changing its name to THE ALTILIO GROUP, LLC, was filed 10/07/2008.



Witness my hand and the official seal of the Department of State at the City of Albany, this 20th day of September two thousand and thirteen.

Anthony Giardina

Executive Deputy Secretary of State

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