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B. BOSTICK

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EXAMINER



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	ACCOUNT NO.	:	12000000195			
	REFERENCE	:	860856 4804708			
	AUTHORIZATION	:	Hendend	ر د س		
	COST LIMIT	:	\$ 1598.75			
ORDER DATE :	October 25, 2013					
ORDER TIME :	10:0 AM					
ORDER NO. :	860856-005					
CUSTOMER NO:	4804708					
					 -	
	FOREIGN F	ILII	NGS			
NAME:	ATALANTA SOSNO	OFF	CAPITAL, LLC	ÉCLPETAL)	2013 OCT 28	S. Salanak
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PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF FILING:	Ęn:	U 1	
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CONTACT PERSON	N: Susie Knight -	I	EXT# 52956			
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COVER LETTER

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TO:	Registration Secti Division of Corpo					
SUBJ	ECT:	ATALANTA	SOSNOFF CAPITA	L, LLC		
		Na	me of Limited Liabilit	у Соптрапу		
					Transact Business in Florida," ility company to transact busine	
Please	return all correspon	dence concerning this m	atter to the following:			,
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			Name of Perso	a		
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For fur	ther information con	cerning this matter, pleas	se call:		<u> </u>	age (F) in age age to age green and age green and age to
	Susan G. Schne	ider	212 at (574-	1389	ं रं
]	Name of Person	Area Code & Da	ytime Telepho	one Number	
	MAILING ADDR Division of Corpor Registration Section P.O. Box 6327 Tallahassee, FL 32	rations on	STREET ADDRES Division of Corpora Registration Section Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle		
Enclo	sed is a check for CI \$125.00 Filing I	the following amou Fee \$130.00 Filing Certificate of	g Fee & 🔲 \$155.00) Filing Fee & ed Copy	2 \$160.00 Filing Fee, Cert of Status & Certified Ce	

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

IN COMPLIANCE WITH SECTION 60850B, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ATALANTA SOSNOFF CAPITAL, LLC	
(Name of Foreign Limited Liability Company; must incl	ude "Limited Liability Company," "L.L.C.," or "LLC.")
	ose of transacting business in Florida and attach a copy of the written ernate name. The alternate name must include "Limited Liability
NEW YORK	3 20-0461050
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
DECEMBER 4, 2003	5. PERPETUAL
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
DECÈMBE	R 2003
(Date first transacted business in FI (See sections 608.501 & 608.502 F.S.	orida, if prior to registration.) i. to determine penalty liability)
101 PARK AVENUE, NEW YORK, NEW YORK 10178	1 () mm
(Street Address	s of Principal Office)
,	
. If limited liability company is a manager-managed	company, check here
. The name and usual business addresses of the man	naging members or managers are as follov
KEVIN S. KELLY (MEMBER), 101 PARK AVENUE, N	FW YORK NEW YORK 10178-0008

	days old, duly authenticated by the official having custody of records in
e jurisdiction under the law of which it is organized. (A photoco anslation of the certificate under oath of the translator must be sub	· · · · · · · · · · · · · · · · · · ·
	ODR/ATE MIVESTMENTS
1. Nature of business or purposes to be conducted or	r promoted in Florida:
•	
K. Ku	\mathscr{U}
	thorized representative of a member.
(In accordance with section 608.408(3), F.S., the exec	cution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are tru	Lam aware that any false information submitted in a
Revin S. Kelly, Member an	s a third degree felony as provided for in s.817.155, F.S.) d Chief Operating Officer
Typed or printed	
	▼

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 nam	e of the Limited Liability C	ompany is:		
·	ATALAN	ITA SOSNOFF CAPITAL, LLC	·····	
If unavailab	le, the alternate to be used i	n the state of Florida is:		
2. The name	e and the Florida street addr	ess of the registered agent and o	office are:	_
	Corporation Service Con	pany	<u></u>	1-2
		(Name)	Po	E : :
	1201 Hays Street		ン <u>ス ス ス ス ス ス ス ス ス ス ス ス ス ス ス ス ス ス ス</u>	3
	Florida Stree	t Address (P.O. Box NOT ACCEPTABLE	E) (5)	28
	Tallahassee	FL 32301		
		City/State/Zip	A SECTION OF THE SECT	
liability compregistered ag statutes relat accept the ob	pany at the place designated tent and agree to act in this ting to the proper and compl	and to accept service of process f in this certificate, I hereby accep capacity. I further agree to comp ete performance of my duties, an registered agent as provided for i	pt the appointment as oly with the provisions of a ud I am familiar with and	
Statutes.	Corporation/Service Compa	any Signature)	Sue G. Knight Assistant Vice President	dent
			d Agent)	

State of New York Department of State

Department of State

I hereby certify, that ATALANTA SOSNOFF CAPITAL, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited



Witness my hand and the official seal of the Department of State at the City of Albany, this 25th day of October two thousand and thirteen.

Anthony Giardina

} ss:

Liability Company Law on 12/04/2003, and that the Limited Liability Company is existing so far as shown by the records of the Department.

Executive Deputy Secretary of State

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DEPARTMENT OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2013

CSC ATALANTA SOSNOFF CAPITAL, LLC SUSIE KNIGHT RESUBMIT
Please give original
submission date as file date.

SUBJECT: ATALANTA SOSNOFF CAPITAL, LLC

Ref. Number: W13000060029

We have received your document for ATALANTA SOSNOFF CAPITAL, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transated business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,443.75.

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) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 813A00025148