# M14000003521

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	dL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	=
MAY 2.3 2014	
A. LUNT	

Office Use Only



200260141812

SUFFICIENCY OF FILING





)N SERVICE COMPANY	- 3
ACCOUNT NO. : 12000000195	
REFERENCE : 140617 158753A	N 22
AUTHORIZATION :	The E
COST LIMIT : STUBE CONTROL	100 P
ORDER DATE: May 20, 2014  ORDER TIME: 1:03 PM	
ORDER NO. : 140617-015	
CUSTOMER NO: 158753A	
FOREIGN FILINGS	
NAME: 920 TERRACE FL, LLC	
XXXX QUALIFICATION (TYPE: <u>LL</u> )	·
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Emily Gray EXT# 62925	

EXAMINER:

## COVER LETTER

	•
•	
COVER LETTER	~
TO: Registration Section	
Division of Corporations	
·	
000 Tarress FL 110	22
SUBJECT: 920 Terrace FL, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida	· **
Existence, and check are submitted to register the above referenced foreign limited liability company to transact but	inese in Florida
and once are submitted to register the above references to right minious naturity company to a ansatz our	
Please return all correspondence concerning this matter to the following:	· · · · · · · · · · · · · · · · · · ·
Filler I May Authorized Property	
Erika Utter, Authorized Person	·
Name of Person	
Golenbock Eiseman Assor Bell & Peskoe LLP	
Firm/Company	-
• • • • •	
437 Madison Avenue, 40th Floor	•
Address	
New York, NY 10022	
City/State and Zip Code	-
·	
eutter@golenbock.com	
E-mail address: (to be used for future annual report notification)	<del>_</del>
For further information concerning this matter, please call:	
Erika Utter 81 ( 212 ) 622-7155	
Erika Utter at 212 622-7155  Name of Contact Person Area Code Daytime Telephone Number	
Name of Contact Person Area Code Dayuline Telephone Number	•
MAILING ADDRESS: STREET ADDRESS:	
Division of Corporations Division of Corporations	
Registration Section Registration Section	
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, (	
Certificate of Status Certified Copy of Status & Certified	Сору

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 920 Terrace FL, 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. The alternate nam	te must include "L	 .imited
iability Company," "L.L.C," or "LLC.")	* 1	<u>~</u>
3,	مانا آياد ميز 4 سالا	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicab company is organized)	(e)	4
May 16, 2014	法系	N
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	(m 12) (m 12)	~~ ~~
14-34 110th Street, Suite 301	**** 1'''	
	(P.5.)	<b>−</b> ₩
College Point, NY 11356	2) To shirt of the same of the	(原) (紹)
(Street Address of Principal Office)	10-4	
14-34 110th Street, Suite 301		
College Point, NY 11356		
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who has/have authority to mar	nage is/are:	
Irving Klein, Vice President		
		_
14-34 110th Street, Suite 301		
<del>- 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 </del>		***
College Point, NY 11356		
Attached is an original certificate of existence, no more than 90 days old, duly authentic	eated by the o	fficial
aving custody of records in the jurisdiction under the law of which it is organized. (A phe		
exceptable. If the certificate is in a foreign language, a translation of the certificate under compared to the certificate of the certificate of the certificate of the certificate under compared to the certificate of the c		
nust be submitted)	an or nie na	131410
/ W/ 10/00	ī	
Signature of an authorized person		
n accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury the		
n aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided	io: m s.e.: /.133, F.S	ij
Erlka Utter		
Typed or printed name of signce		

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

if unavailable		to the standard Cities in	- ;
	, the alternate to be used i	in the state of Florida is:	7 (4) 1 (4) 1 (4) 1 (4) 1 (4)
. The name	and the Florida street add	ress of the registered agent and office are:	
	Corporation Service Cor	mpany	, 100 , 100
		(Name)	7.5
	1201 Hays Street		
	Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	-
	Tallahassee	32301 FL	
	<del></del>	City/State/Zip	•
ability comp	named as registered agent any at the place designate nt and agree to act in this	FL City/State/Zip  and to accept service of process for the above s d in this certificate, I hereby accept the appoint capacity. I further agree to comply with the pr lete performance of my duties, and I am familia	ment as ovisions of a or with and
tatutes relati		magistared areast as provided for in Chapter 60.	5, Florida
statutes relation	igations of my position as	· · · ·	iaht
tatutes relati	igations of my position as Corporation Service Ceसी।	Sue G. Kn	ight President
atutes relati	igations of my position as	registered agent as provided for the Chapter ou.	

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

## Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "920 TERRACE FL, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE TWENTIETH DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "920 TERRACE FL, LLC" WAS FORMED ON THE FOURTEENTH DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5533886 8300

140667026

AUTHENTY CATION: 1385508

DATE: 05-20-14

You may verify this certificate online at corp.delaware.gov/authver.shtml