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COVER LETTER

TO:

Registration Section Division of Corporations

Hit Factory Entertainment of NY, 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:

Lawrence Israeloff, Esq.

Law Offices of Lawrence Israeloff, PLLC

445 Broad Hollow Road, Suite 205

Melville, NY 11747

City/State and Zip Code

larry@israelofflawcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence Israeloff, Esq. at (516 Area Code) Daytime Telephone Number

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:

□ \$125.00 Filing Fee

 \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

\$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Hit Factory Entertainment of NY, 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 alter Liability Company," "L.L.C," or "LLC.")	rnate name must inc	clude "Limited
2. New York 3. 46-1895797		
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if	applicable)	
N/A		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
s 445 Broad Hollow Road, Suite 205		
Melville, NY 11747		
(Street Address of Principal Office)		
s. 445 Broad Hollow Road, Suite 205		
Melville, NY 11747		
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who has/have authority	to manage is/a	ır <u>e:</u>
Janice Germano, Managing Member	<u> </u>	
445 Broad Hollow Road, Suite 205	<u> </u>	3
Melville, NY 11747	; ;	1274
	**:	
3. Attached is an original certificate of existence, no more than 90 days old, duly au	thenticated by	the official
naving custody of records in the jurisdiction under the law of which it is organized. If the certificate is in a foreign language, a translation of the certificate is		
nust be submitted)	inder batti bi ti	ic translator
Kruce Llinears		
// Signature of an authorized person	 ,	
n accordance with section 605.0203, F.S., the exceptition of this document constitutes an affirmation under the penalties of may are that any false information submitted in a document to the Department of State constitutes a third degree felony as	perjury that the facts i provided for in s.817.	stated herein are t .155, F.S.)
Janice Germano		•
Janice Germanu		

Typed or printed name of signee

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.

	of the Limited Liabil		any is: ent of NY, LLC		
If unavailable	, the alternate to be u	sed in the	e state of Florida is:		
2. The name a	and the Florida street		of the registered agent and office are:		
			(Name)		
14841 NE 20th Avenue				eerd Towns	
	Florida	Street Add	ress (P.O. Box NOT ACCEPTABLE)	177	ند. میر
	North Miami		33181 FL		35 35 55
			City/State/Zip		70 y
liability compa registered ages statutes relatin	iny at the place design int and agree to act in g to the proper and c gations of my position	nated in th this capa complete p	ro accept service of process for the above so this certificate, I hereby accept the appoint acity. I further agree to comply with the properformance of my duties, and I am familiantered agent as provided for in Chapter 605 ture) Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	nent as ovisions with a	డు s of ali ind

State of New York } ss: Department of State

I hereby certify, that HIT FACTORY ENTERTAINMENT OF NY, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/16/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 18th day of June two thousand and fourteen.

Autory Sicidina

Executive Deputy Secretary of State