

6/30/2014

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API Processing

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Division of Corporations

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H140001568633

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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(((H14000156863 3)))



H140001568633ABC1

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To:

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

From:

Account Name : API PROCESSING
Account Number : I20110000069
Phone : (954) 567-0013
Fax Number : (954) 567-3401

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2014 JUL -1 A 11:10

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

Email Address: Annette@Apiprocessing.com

**Foreign Limited Liability Company
To Better Days Construction, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

B. BOSTICK

JUL - 2 2014

EXAMINER

H140001568633

Page 1 of 4

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* * Transmit Confirmation Report * *

P1

06/30/2014 16:19

TT1:API Processing

TTI Number: 9545673401

Distant Station	Resolution	Start Time	Time	Page Kind	Result	Error Code	Message
850-617-6381	Normal	06/30 16:16	02:38	1	#	OK	

6/30/2014

Division of Corporations

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

From:

Account Name : API PROCESSING
 Account Number : 120110000069
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ANDETTE@apiprocessing.com

Foreign Limited Liability Company
To Better Days Construction, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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Page 1 of 4

H140001568633

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

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

1. To Better Days Construction, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-1827427

(FEI number, if applicable)

4. June 2014

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 183 Madison Avenue, Suite 1601

New York, NY 10016

(Street Address of Principal Office)

6. 183 Madison Avenue, Suite 1601

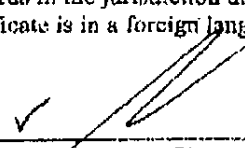
New York, NY 10016

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Peter Fine - Manager Member

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, F.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.)

Peter Fine

Typed or printed name of signer

H140001568633

Page. 3 of 4

H140001568633

**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.

1. The name of the Limited Liability Company is:

To Better Days Construction, 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:

API Processing- Licensing, Inc.

(Name)

3419 Galt Ocean Drive, Suite A

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

Fort Lauderdale

FL 33308

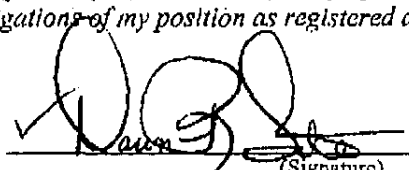
City/State/Zip

SECRETARY OF STATE
TAMMAMASSI
FLORIDA

2014 JUL -1 A 11:10

FILED

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 605, Florida Statutes.


(Signature)

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

H140001568633

Page 2 of 4

H140001568633

State of New York
Department of State } ss:

I hereby certify, that TO BETTER DAYS CONSTRUCTION, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/27/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.



FILED
2014 JUN -1 A.M. 10
RECEIVED
STATE
CLERK
ALBANY

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 04th day of June two
thousand and fourteen.

Anthony Scardino

Executive Deputy Secretary of State

201406050231 163

H140001568633

Page 4 of 4



July 1, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

APT PROCESSING

SUBJECT: TO BETTER DAYS CONSTRUCTION, LLC
REF: W14000040705FILED
JUL 1 11 53 AM '14
TALLAHASSEE, FLORIDA

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

The registered agent listed must be listed the same way as it reflects on the states records.

SEE ATTACHED.

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.

Agnes Lunt
Regulatory Specialist IIFAX Aud. #: H14000156863
Letter Number: 414A00014206RECEIVED
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