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(Requestor's Name)

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(City/State/Zip/Phone #)

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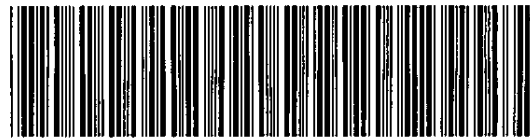
(Business Entity Name)

(Document Number)

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C. Lewis
9-18-14



CORPORATION SERVICE COMPANY

file second
* do not separate
please *

ACCOUNT NO. : I200000000195

REFERENCE : 300004 4324340

AUTHORIZATION

COST LIMIT : \$125.00

ORDER DATE : September 17, 2014

ORDER TIME : 11:11 AM

ORDER NO. : 300004-075

CUSTOMER NO: 4324340

FOREIGN FILINGS

NAME: HAROLD LEVINSON ASSOCIATES,
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Harold Levinson Associates, 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:

Christopher Butler

Name of Person

Finn Dixon & Herling LLP

Firm/Company

177 Broad Street, 14 Floor

Address

Stamford, CT 06901-2048

City/State and Zip Code

cbutler@fdh.com

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

For further information concerning this matter, please call:

Christopher Butler

Name of Contact Person

at (203)

Area Code

355-3827

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. Harold Levinson Associates, 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 name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York

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

3. 11-2350757

(FEI number, if applicable)

4. August 28, 2014

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

5. 21 Banfi Plaza

Farmingdale, NY 11735

(Street Address of Principal Office)

6. 21 Banfi Plaza

Farmingdale, NY 11735

(Mailing Address)

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

Andrew DeFrancesco, Chief Financial Officer

21 Banfi Plaza

Farmingdale, NY 11735

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.)

Andrew DeFrancesco

Typed or printed name of signee

14 SEP 17 AM 9:09

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 SEP 17 AM 9:09

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:

Harold Levinson Associates, 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:

Corporation Service Company

(Name)

1201 Hays Street

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

Tallahassee

FL 32301

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 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.

Corporation Service Company

By:

(Signature)

ROBERT BRANT, Asst. V.P.

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

**State of New York
Department of State } ss:**

I hereby certify, that HAROLD LEVINSON ASSOCIATES NY, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/22/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment HAROLD LEVINSON ASSOCIATES NY, LLC, changing its name to HAROLD LEVINSON ASSOCIATES, LLC, was filed 08/28/2014.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 28th day of August
two thousand and fourteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State