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| (Requestor's Name) | | | |
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| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone | #) | | |
| PICK-UP WAIT | MAIL | | |
| (Business Entity Name | e) | | |
| (Document Number) | | | |
| Certified Copies Certificates | of Status | | |
| Special Instructions to Filing Officer: | · · · · · · · · · · · · · · · · · · · | | |
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CÖVER LETTER

TO:

Registration Section

| Division of Corporations |
|---|
| SUBJECT: 3160 Route 88 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: |
| Name of Person |
| Sunshine Corporate & Filing Services, Inc. 3458 Lakeshore Drive Tallahassee, FL 32312 Firm/Company Turn |
| Address |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| 11na at (850) 508 1891 |
| Name of Contact Person 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: \$\Bigsiz\$ \$\\$125.00\$ Filing Fee \$\Bigsiz\$ \$\Bigsiz\$\$ \$\\$130.00\$ Filing Fee \$\Bigsiz\$ \$\Bigsiz\$\$ Certificate of Status \$\Bigsiz\$\$ Certified Copy \$\Bigsiz\$ \$\Bigsiz\$\$ \$\Bigsiz |

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: 2160 Route 88 LLC (Name of Foreign Limited Liability Company; wast tocade "Limbed Liability Company," "LLC," or "LLC") (If name unevaliable, enter alternate name adopted for the purpose of transacting business in Florida. The elicenate name must include "Limited Liability Company," "LL.C," or "LLC.") New York (Jurisdiction under the law of which foreign limited liability company is organized) (PEI number, if applicable) **Upon Filing** 5. 1 North Broadway White Plains, NY 10601 (Street Address of Principal Office) 6, 1 North Broadway White Plains, NY 10601 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Joshua Goldberg, Manager 1 North Broadway White Plains, NY 10601 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 603,0203, F.S., the execution of this document constitutes an effirmation under the penalties of perjury that the facts stated herein are true. I am evene that any fairs information submitted in a document to the Department of State constitutes a third degree follows a provided for in a.817.135, F.S.)

Joshua Goldberg

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.

| 1. The name of the Limited Liability 2160 Route 88 LLC | Company is: | |
|--|--|------------------------|
| If unavailable, the alternate to be used | in the state of Florida is: | |
| 2. The name and the Florida street ac | idress of the registered agent and office are: | |
| United Corp | orate Services, Inc. | TO BE TO |
| | (Name) | 第 2 下 |
| 9200 South | Dadeland Blvd Suite 508 | |
| Florida St | reet Address (P.O. Box NOT ACCEPTABLE) | O' |
| Miami | 33158 FL | 9: 08 FATE ORIDA |
| | 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.

___ Merbel A bare

\$ 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 2160 ROUTE 88 LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/01/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of 2160 ROUTE 88 LLC was filed on 06/08/2009.

A Biennial Statement was filed 05/05/2011.

A Biennial Statement was filed 04/26/2013.

I further certify, that no other documents have been filed by such Limited Liability Company.

OF NEW ATMENT OF STREET

Witness my hand and the official seal of the Department of State at the City of Albany, this 17th day of October two thousand and fourteen.

Anthony Giardina

Executive Deputy Secretary of State

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