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| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (Ad | dress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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| 40. | Division of Corporations | | i | | |
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| SUBJI | ect: <u>Carder</u> | Name of Limite | Franklir d Liability Company |) LLC | |
| | closed "Application by Foreign Lince, and check are submitted to reg | | | | |
| Please | return all correspondence concern | ing this matter to the | following: | | |
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| | | N | ame of Person | | |
| • | Services, Inc. | porate & Filing |) 1 | ina I | I will |
| | 3458 Lakesho | re Drive Fi | rga/Company | | |
| | Tallahassee, I | ·L 32312 | | | wp. |
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| | E-n | nail address: (to be use | for future annual report notif | ication) | |
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| For fur | ther information concerning this n | natter, please call: | | | |
| | Tin | a | at (850) | 508 180 | 71 |
| | Name of Conta | ct Person | | Daytime Telephone Numb | er |
| | MAILING ADDRESS: | STREE | ET ADDRESS: | | |
| | Division of Corporations | | n of Corporations | | |
| | Registration Section | | ation Section | | |
| | P.O. Box 6327 | | Building | | |
| | Tallahassee, FL 32314 | | xecutive Center Circle | | |
| | · · | Tallaha | ssee, FL 32301 | | |
| Enclo | sed is a check for the follow | ing amount: | | | |
| | | 30.00 Filing Fee & | \$155.00 Filing Fee & | □ \$160.00 Filing F | Fee, Certificate |
| | | rtificate of Status | Certified Copy | of Status & Cer | |

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:

| l. Garden City Franklin LLC | |
|---|---|
| (Name of Foreign Limited Liability Company; most include "Limited Liability Company," "L.L.C.," or " | LLC.") |
| (If name unavailable, emer abornate name adopted for the purpose of transacting business in Florida. The abumate nam Liability Company," "L.L.C." or "L.L.C.") | z must include "Limited |
| 2 New York 3 | |
| (FEI number, if applies company is organized) | (c) |
| 4. Upon Filing | , ,,, ,,, |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | |
| _{5.} 1 North Broadway | JOH OCT 20 |
| White Plains, NY 10601 | 20 989 989 |
| (Street Address of Principal Office) 6. 1 North Broadway | |
| | |
| White Plains, NY 10601 | (1) (1) (1) |
| 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 authentihaving custody of records in the jurisdiction under the law of which it is organized. (A phaceeptable. If the certificate is in a foreign language, a translation of the certificate under must be submitted) | otocopy is not |
| Signature of an authorized person | - |
| (in accordance with section 605.0203, F.S., the execution of this document constitutor an affirmation under the possible of perjury 0 am source that any falso inflammation automated in a document to the Department of State constitutes a third degree follows as provided | nez une regus sianos riginar are unec. : i for in s.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 | of the Limited Liability | Company is: | | |
|--------------------------|--|--|--|--|
| Garden City Franklin LLC | | | | |
| if unavailable, | , the alternate to be used | d in the state of Florida is: | | |
| 2. The name a | and the Plorida street ad | kiress of the registered agent and office are: | | |
| | United Com | orate Services, Inc. | | |
| | | (Name) | | |
| | | Dadeland Blvd Suite 508 | | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | | | |
| | Mlami | _{FL} 33156 | | |
| | | 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.

___ Melianl A. Bon

\$ 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 GARDEN CITY FRANKLIN LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/14/2010, 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 GARDEN CITY FRANKLIN LLC was filed on 12/22/2010.

A Biennial Statement was filed 09/27/2013.

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

OF NEW CONTRACTOR 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

Dorting Sicidina

Executive Deputy Secretary of State

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