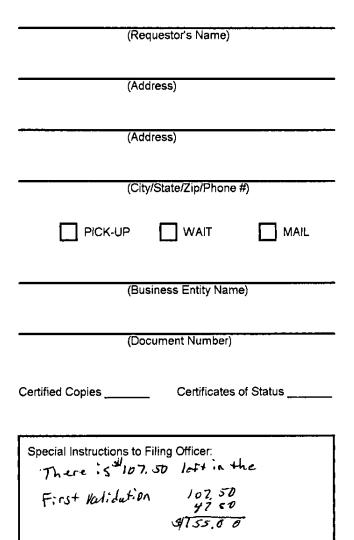
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SECRETARY OF STATE

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COVER LETTER

Division of	f Corporations
SUBJECT:	2001 ASSOCIATES LLC Name of Limited Liability Company
	Name of Ellithed Displity Company
	ication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o k are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all corr	respondence concerning this matter to the following:
7	Name of Person
_	Sunshine Corporate & Filing Services, Inc. 3458 Lakeshore Drive Firm/Corporate That That That Firm/Corporate That That
	3458 Lakeshore Drive Tallahassee, FL 32312
	Address
	City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
	Tina at (850) 508 1891
	Name of Contact Person Area Code Daytime Telephone Number
	SADDRESS: STREET ADDRESS: f Corporations Division of Corporations
Registratio	
P.O. Box 6	··
Tallahasse	e, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a che	eck for the following amount:
	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Copy 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: 2001 Associates LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC." (If using univertiable, enter alternate using adopted for the purpose of transacting business in Florida. The alternate manie must leaked "Limbed Liability Company," "L.L.C," or "LLC,") 2 New York (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 4. Upon Filing (Date first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 603.0903, P.S. to determine penalty liability) 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 cath of the translator must be submitted) Signature of an authorized person (Is amordance with section 605.0203, F.S., the execution of this document constitutes an efficaction under the possibles of pectury that the flots stated leaves turn. I am aware that any files information submitted in a document to the Department of State constitutes a third degree fallows as provided for in a \$17.155, 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.

	of the Limited Liabil		
If unavailable	, the alternate to be u	sed in the state of Florida is:	
2. The name	and the Florida street	t address of the registered agent and office are:	2014 SE
	United Co	rporate Services, Inc.	
		(Name)	155 23 E
	9200 Sout	th Dadeland Blvd Suite 508	
	Florida	a Street Address (P.O. Box NOT ACCEPTABLE)	
	Miami	_{FL} 33156	30
		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.

(Signature)

\$ 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 2001 ASSOCIATES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/21/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.

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



Witness my hand and the official seal of the Department of State at the City of Albany, this 21st day of October two thousand and fourteen.

Anthony Giardina

Executive Deputy Secretary of State

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