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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

SOUND BEACH POSTAL, 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:

ARTHUR D. HERMAN Name of Person SOUND BEACH POSTAL LLC Firm/Company 532 BROAD HOLLOW RD., SUITE 109 Address MELVILLE, NY 11747 City/State and Zip Code KDOUGHERTY@DOUGHERTYANDCONNELL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KEVIN DOUGHERTY, CPA 1631 756-2100

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

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\$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:

SOUND BEACH POSTAL, 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 3 26-3959205
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 12/15/2014
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 532 BROAD HOLLOW RD., SUITE #109
MELVILLE, NY 11747
(Street Address of Principal Office) 6. 532 BROAD HOLLOW RD., SUITE #109
MELVILLE, NY 11747
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
ARTHUR D. HERMAN, MEMBER LESLIE HERMAN KLEIN, MEMBER
KEVIN P. DOUGHERTY, CPA
532 BROAD HOLLOW RD., SUITE #109, MELVILLE, NY 11747
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, am aware that any false information submitted in a document to the Department of State constitutes a finired degree felony as provided for in s.817.155, F.S.)
KEVIN P. DOUGHERTY, CPA

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.

	e of the Limited Liability Com			
If unavailab	le, the alternate to be used in t	the state of Florida is:		
2. The name	e and the Florida street addres	s of the registered agent and office are:		
	JACK ROBSO	N		
		(Name)		
	825 S US HIG	HWAY 1, SUITE 340		
	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)		
	JUPITER,	_{FL} 33477		
liability com registered as statutes rela	pany at the place designated in gent and agree to act in this ca ting to the proper and complete bligations of my position as reg	City/State/Zip d to accept service of process for the about this certificate, I hereby accept the apportunity. I further agree to comply with the eperformance of my duties, and I am fam gistered agent as provided for in Chapter	ointment as STY Per provisions of altrustrations of altrustrations with and The per provisions of altrustrations and the per per per per per per per per per pe	TIME

\$ 100.00 Filing Fee for Application

Designation of Registered Agent Certified Copy (optional)

Certificate of Status (optional)

\$ 25.00

\$ 30.00

\$ 5.00

State of New York Department of State } ss:

I hereby certify, that SOUND BEACH POSTAL, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/19/2003, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

- A Biennial Statement was filed 05/04/2005.
- A Biennial Statement was filed 05/11/2007.
- A Biennial Statement was filed 04/29/2009.
- A Biennial Statement was filed 06/01/2011.
- A Biennial Statement was filed 05/13/2013.

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

OF NEW

Witness my hand and the official seal of the Department of State at the City of Albany, this 09th day of December two thousand and fourteen.

Anthony Giardina

Executive Deputy Secretary of State

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