

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150000980773)))



H150000980773ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

#### Foreign Limited Liability Company 141-165 S. County Line Road LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

APR 23 2015

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

4/22/2015

ζî

### COVER LETTER

TO: Registration Section Division of Corporat	ons	·			
<sub>ѕивјест:</sub> 141-165	S. County Li	ne Road LLC	3		
SUBJECT:		ed Liability Company		<b></b> -	
The enclosed "Application by P Existence, and check are submit	oreign Limited Liability Conted to register the above refe	ipany for Authorization to T renced foreign limited liabili	ransact Business in Plorids ity company to transact bus	a," Certificate of siness in Piorida	
Please return all correspondence	concerning this matter to the	following:			
	, , , , , , , , , , , , , , , , , , ,	lame of Person		-	
<del></del>	ř	irm/Company		-	
<del> </del>		Address		-	
<del></del>	City/S	tate and Zip Code	<del></del>	•	
ejones	@lefrois.com				
		d for future annual report notifi	cation)	~	
For further information concerns	ng this matter, please call:				
		_at ()		_	
Name	of Contact Parson	Area Code Da	nytime Telephone Number	_	
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahasses, FL 32314	Divisio Rogistr Clifton 2661 E	T ADDRESS: n of Corporations ation Section Building secutive Center Circle ssee, FL 32301		15 APR	ŋ
Enclosed is a check for the ☐ \$125,00 Filing Fee	following amount:  \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	© \$155,00 Piling Peo & Carlified Copy	☐ \$160.00 Filing Fcc, ( of Status & Certified	Certificate 22	

## 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: 141-165 S. County Line Road LLC (Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Fiorida. 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) (I'Bl number, if applicable) n/a (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine ponelty flability) 5 1020 Lehigh Station Road Henrietta, NY 14467 (Street Address of Principal Office) 6. 1020 Lehigh Station Road Henrietta, NY 14467 (Malling Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Richard LeFrois, President of General Partner of Sole Member 1020 Lehigh Station Road Henrietta, NY 14467 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 605.0207, P.S., the execution of this document constitutes an affirmation under the person that the facts attend terrain pro-true. I am aware that any false information submitted in a document to the Department of Sisto constitutes a third degree (blony as provided for in s.\$17.155; P.S.) Stacy Briggs, Authorized Person 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 UNDERSIONED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is:     141-165 S. County Line Road LLC						
If unavailabl	e, the alternate to be used i	in the state of Florida is:				
2. The name	and the Florida street add	ross of the registered agent and office are:				
	C T Corporat	tion System				
		(Name)				
	1200 South F	Pine Island Road				
	Florida Stree	et Address (F.O. Box NOT ACCEPTABLE)				
	Plantation	FL 33324				
		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.

Sharon R. Kresz
Assistant Secretary

(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 141-165 S. COUNTY LINE ROAD LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/21/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.



201504220021 · EE

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

Anthony Glardina

Executive Deputy Secretary of State

15 APR 22 MIN 46