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JUN 1 5 2015 S. GILBERT



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 5710 Zip Drive, 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:
Lauren Rusch
Name of Person
Jones, Little & Co., CPA's, LLP
Firm/Company
86 West Main Street, Suite 2
Address
East Islip, NY 11730
City/State and Zip Code
lrosalia@jonesandlittle.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas Jones, CPA at (631) 277-8500
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
Registration Section Registration Section
P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{c} \pm \$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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:

(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 includiability Company," "L.L.C," or "LLC.")	de "Limited
2New York 3. 47-2844446	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
46/1/2015	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 5710 Zip Drive	
Fort Myers, FL 33905	
(Street Address of Principal Office)	
6. 8400 New Horizons Blvd	
Amityville, NY 11701	i. 51
(Mailing Address)	= 7
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/ar	September 1
Ronald Kemperle, Manager	5 JUNIX PH
8400 New Horizons Blvd	မြဲ _{တြော်} ဟု မေ
Amityville, NY 11701	20
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by thaving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the 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 starm aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.1: Ronald Kemperle Typed or printed name of signee	s not e translator ted herein are true. I

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 Comp	pany is:		
5710 Zip	Drive, LLC			
If unavailable, t	the alternate to be used in th	ne state of Florida	ı is:	
2. The name ar	nd the Florida street address	of the registered	agent and office are:	
	Doug Pearsall			
		(Name)		
	5710 Zip Drive Florida Street Ad	idress (P.O. Box NC	OT ACCEPTABLE)	············
	Fort MyERS	FL City/State/Zip	33905	_
liability compar registered agent statutes relating	med as registered agent and my at the place designated in t and agree to act in this cap to the proper and complete tations of my position as region (Sign	this certificate, I pacity. I further a performance of n	hereby accept the appoi gree to comply with the ny duties, and I am fami	intment as provisions of al liar with and

\$ 100.00 Filing Fee for Application

\$ 25.00 \$ 30.00

5.00

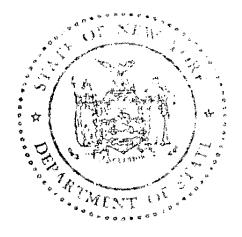
Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

State of New York Department of State } ss:

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I hereby certify, that 5710 ZIP DRIVE, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/14/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 15th day of May two thousand and fifteen.

Executive Deputy Secretary of State

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