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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

15 JUN 12 AM 8: 16



COVER LETTER

TO:

Registration Section

Division (of Corporations			
SUBJECT: 56	Marlin Lane,	LLC		
			Liability Company	
The enclosed "App Existence, and che	olication by Foreign ck are submitted to	Limited Liability Compregister the above refere	oany for Authorization to Tra	ansact Business in Florida," Certificate of y company to transact business in Florida
Please return all co	errespondence conce	erning this matter to the	following:	
_	Lauren Rusc			
		Na	me of Person	
_	Jones, Little	& Co., CPA's, LL	P	
		Fi	rm/Company	
<u></u>	86 West Ma	in Street, Suite 2		
			Address	
	East Islip, N			
		City/St	ate and Zip Code	
		esandlittle.com		
		•	for future annual report notific	eution)
For further informs	ttion concerning this	s matter, please call:		
Tho	omas Jones, C	CPA	at (631) 277-	8500
	Name of Cor	ntact Person	Area Code Da	ytime Telephone Number
Division o Registrati P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314	Divisior Registra Clifton I 2661 Ex	T ADDRESS: n of Corporations stion Section Building secutive Center Circle see, FL 32301	
	_	owing amount: \$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:

ame unavailable, enter afternate name adopted for the purpoility Company," "L.L.C," or "LLC.")	ose of transac	cting business in Florida, The alternate name must include "L	imited
New York	3.	47-2872551	
urisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)	_
6/1/2015			
(Date first transacted bus (See sections 605.0904 & 60	ness in Flori 5.0905, F.S.	da, if prior to registration.) to determine penalty liability)	_
56 Marlin Lane			
Key Largo, FL 33037		AAI. AII.	
•	Address of P	rincipal Office)	- <u>J</u>
8400 New Horizons Blvd			_ 112
Amityville, NY 11701		975 975	75
Amityville, NY 11701	(Mailing A	ddress)	_ හි මූම
Amityville, NY 11701 The name, title or capacity and address of the		The second se	_
		The second se	_
The name, title or capacity and address of th		The second se	_
The name, title or capacity and address of the Ronald Kemperle, Manager		The second se	_
The name, title or capacity and address of the Ronald Kemperle, Manager 8400 New Horizons Blvd Amityville, NY 11701 Attached is an original certificate of existence ing custody of records in the jurisdiction uncompared.	e person(The second se	— co
The name, title or capacity and address of the Ronald Kemperle, Manager 8400 New Horizons Blvd Amityville, NY 11701 Attached is an original certificate of existence ing custody of records in the jurisdiction undeptable. If the certificate is in a foreign language	e person(s) who has/have authority to manage is/are: e than 90 days old, duly authenticated by the old of which it is organized. (A photocopy is not	— co
The name, title or capacity and address of the Ronald Kemperle, Manager 8400 New Horizons Blvd Amityville, NY 11701 Attached is an original certificate of existence ing custody of records in the jurisdiction undeptable. If the certificate is in a foreign languate be submitted) Signature excordance with section 605.0203, F.S., the execution of this documents of the contraction of this documents.	e, no more der the lav	s) who has/have authority to manage is/are: e than 90 days old, duly authenticated by the old of which it is organized. (A photocopy is not	emin are tr

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE



15 JUN 12 AM 8: 16

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE LANGUAGE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of th	ne Limited Liability Co	ompany is:		
56 Marlin La	ane, LLC			
If unavailable, the	alternate to be used in	n the state of Florida	is:	
2. The name and	the Florida street addr	ress of the registered a	agent and office are:	
	Ronald Kemperle			
		(Name)		_
_	56 Marlin Lane			
	Florida Stree	t Address (P.O. Box NOT	ACCEPTABLE)	_
_	Key Largo	FL FL	33037	
		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)

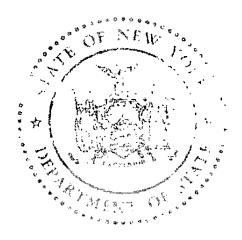
\$ 100.00 Filing Fee for Application\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of New York Department of State } ss:

I hereby certify, that 56 MARLIN LANE, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/30/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.



SECRETARY OF STATE

5 JUN 12 AM 8:

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

Tenering & ceremina

Executive Deputy Secretary of State