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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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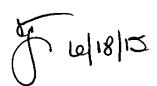
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 833 West 13t	h Street, LLC	
	Name of Limited Liability Company	
	eign Limited Liability Company for Authorization to Transact Business in Florida,'d to register the above referenced foreign limited liability company to transact busin	
Please return all correspondence c	oncerning this matter to the following:	
• • • • • • • • • • • • • • • • • • •		,
Lauren R		
•	Name of Person	
Jones, Lit	ttle & Co., CPA's, LLP	
7	Firm/Company	
86 West I	Main Street, Suite 2	
	Address	
	Audivas	•
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	g this matter, please call:	ं ज
	i "	
Thomas Jones	<u> </u>	
Name o	f Contact Person Area Code Daytime Telephone Number	IZ PH
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations		ψ
Registration Section	Registration Section	
P.O. Box 6327	Clifton Building	<u>ੂੰਜ਼ 29</u>
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the f		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Status St	

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:

833 West 13th 8					
(Name of Forei	ign Limited Liability Company; mu	ist include "Li	mited Liability Comp	oany," "L.L.C.," or "L	LC.")
f name unavailable, enter al iability Company," "L.L.C,"	Iternate name adopted for the purpo	ose of transact	ing business in Florid	a. The alternate name	must include "Limited
New York		3.	47-287255°	1	
Jurisdiction under the law company is organized)	v of which foreign limited liability	<i>J.</i>		number, if applicable)
6/1/2015					
	(Date first transacted busin (See sections 605.0904 & 60	ness in Florida 5.0905, F.S. to	a, if prior to registrati o determine penalty li	on.) iability)	
833 West 13th	St				ى <u></u>
Riviera Beach,					
	•	Address of Pri	ncipal Office)		
8400 New Hori	izons Blvd				
Amityville, NY	11701				30 30 30
		(Mailing Add	lress)		-
The name, title or	capacity and address of the	e person(s)) who has/have a	uthority to mana	ige is/are:
Ronald Kemper	rle, Manager	•			
8400 New Hori	izons Blvd				
Amityville, NY	11701				
ving custody of reco ceptable. If the certifust be submitted)	inal certificate of existence ords in the jurisdiction und ificate is in a foreign languation of this document to the Dep Ronald Ken	er the law age, a transe of an autlent constitutes apartment of State	of which it is or slation of the central decimal decimal of the central decimal decima	ganized. (A photer of the control of the control of perjury that	tocopy is not the translator the facts stated herein are tr
	Typed or p	rinted nam	e 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.

If unavailable,	the alternate to be used in the	state of Florida is:				
2. The name a	and the Florida street address of	of the registered agent	and office are:	100 A 100 A	- 15	
	Doug Pearsall		•	Today Company		وجوسو
•		(Name)		2 3 3 4 4 4 5 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6	= ==	. 151
	833 West 13th St				2 PH	1 [1]
	Florida Street Add	ress (P.O. Box NOT ACCE	PTABLE)	. कर्न गुरुष इस्त्र कर्ना विकास परस्क	ψ	*****
	Riviera Beach		3404	100 E.J.	30	
		City/State/Zip				

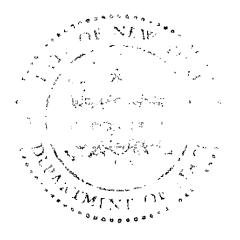
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 833 WEST 13TH STREET, 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.



野LED 15 JUN 12 PH 3: 30

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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.

Courting Scardina

Executive Deputy Secretary of State