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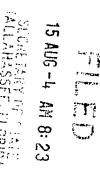
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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AUG 1 0 2015 Y SULKER GOEDE, ADAMCYZK, DEBOEST & CROSS, PLLC 8950 FONTANA DEL SOL WAY FIRST FLOOR NAPLES FL 34109

CUST REF: MAIL

Enclosed is the information you requested. Your payment of \$25.00 is hereby acknowledged.

If the name on the enclosed document(s) does not match exactly with the name of the entity you requested, this office does not have a record of the exact name you requested. The document(s) provided appear(s) to be of sufficient similarity to be the entity requested.



GOEDE / ADAMCZYK / DEBOEST / CROSS

ATTORNEYS AND PROFESSIONAL COUNSEL

INFO@GADCLAW.COM / WWW.GADCLAW.COM

June 29, 2015

Via Certified Mail, RRR

Division of Corporations Registration Section PO Box 6327 Tallahassee, FL 32314

Re: Hudson McKenzie, LLC, a New York Limited Liability Company

Dear Sir or Madam:

This Firm has the pleasure of representing David Benson, individually, and Hudson McKenzie, LLC, a New York limited liability company. Please find enclosed an application to register a foreign limited liability company to transact business in Florida and a check payable to your order in the sum of \$130.00 representing the filing fee to process the application as well as to prepare a Certificate of Status. Also included is a cover letter and Certificate of Existence from the State of New York dated July 22, 2015.

Please process the enclosed application in your usual manner. Upon completion of same, correspondence and the Certificate of Status may be returned to our Firm to: Goede, Adamczyk, DeBoest & Cross, PLLC, to 8950 Fontana Del Sol Way, First Floor, Naples, Florida 34109. Please do not hesitate to contact me, or my Paralegal, Laura, at 239-687-3936 with any questions.

Thank you for your attention to this matter.

Singerely,

Steven J. Adamczyk, Esq.

SJA/Ic Enclosures CC: Client

COVER LETTER

TO:

Registration Section

Divisio	on of Corporati	ons			
SUBJECT: _	udson McKenzie	e, LLC			
		Name of	Limited Liability Company		
				ransact Business in Florida," Certificate of ity company to transact business in Florida	
Please return all	l correspondence	concerning this matter to the	following:		
	David Bensor	1			
	Name of Person				
	Hudson McKenzie, LLC c/o Goede, Adamczyk, DeBoest & Cross, PLLC				
	Firm/Company				
	8950 Fontana	Del Sol Way, First Floor			
Address					
	Naples, Florid	da 34109			
		City/S	tate and Zip Code	 	
	dbenson917@	gmail.com			
		E-mail address: (to be used	d for future annual report n	otification)	
For further info	rmation concerni	ing this matter, please call:			
David	Benson		917 636-2 at (475	
	Name	of Contact Person		sytime Telephone Number	
	ING ADDRESS			T ADDRESS:	
	vision of Corporations Division of Corporations				
-	tration Section Registration Section Sox 6327 Clifton Building				
	ox 6327 assee, FL 32314			Building kecutive Center Circle	
i anan	assee, FL 32314			ssee, FL 32301	
Enclosed is a ch	neck for the follo	wing amount:			
■ \$12	5.00 Filing Fee	\$130.00 Filing Fee &	□ \$155.00 Filing Fee &		
		Certificate of Status	Certified Copy	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 RESUMESS IN THE STATE OF FLORIDA.

. Hudson McKenzie, LL (Name of Fore		ude "Limited Liability Company," "L.L.C.," o	or "LLC.")
		ransacting business in Florida. The alternate na	ame must include "Limited
iability Company," "L.L.C," New York State		61-1600690	
	of which foreign limited liability	(FEI number, if applicable	e)
company is organized)	or which to old in the factory	(1 Di namber, in appressor	•,
July 14, 2015			
	(Date first transacted business in (See sections 605.0904 & 605.0905,	Florida, if prior to registration.) , F.S. to determine penalty liability)	
448 Greenwich Stree	et, Apt 6		
New York, NY 10013			_
	(Street Address of Princi	pal Office)	_
448 Greenwich Stree			
Na. V-4. NV 40040			_
New York, NY 10013	(Mailing Addre	age)	<u></u>
	, -	•	
. Name and street addres	ss of Florida registered agent: (P.O. Be	ox NOT_acceptable)	**************************************
Name:	Goede, Adamczyk, DeBoest & Cros	ss, PLLC	5
Office Address:	8950 Fontana Del Sol Way, Suite 10	00	AL AU
	Naples	Flacia 34109	SSS +
	(City)	, Florida (Zip code)	- m - m
Registered agent's accep	tance:	of process for the above stated corporation	
vith the provisions of all s he obligations of my posi	statutes relative to the proper and contition as registered agent. (Registered a	agent and agree to act in this capacity. In plete performance of my duties, and I a	
	acity and address of the person(s) who	has/have authority to manage is/are:	
David Benson, Manager			
	of which it is organized. (If the certific	d, duly authenticated by the official having cate is in a foreign language, a translation	
	Signature of an	authorized person	_
	true. I am aware that any false informa	document constitutes an affirmation unde tion submitted in a document to the Depar	

Typed or printed name of signee

David Benson, Manager

State of New York Department of State } ss:

I hereby certify, that HUDSON MCKENZIE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/07/2009, 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 21st day of July two thousand and fifteen.

Outing Sicidina

Executive Deputy Secretary of State