

# M15000006413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

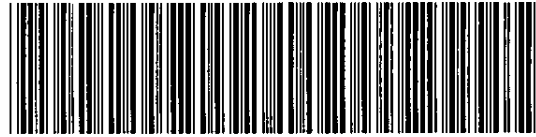
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Ron* *case*  
*Authorization to correct*  
*"title"*  
*8/14/15*  
*Doc. EX-11A*

Office Use Only



100275836231

100275836231  
08/11/15--01018--009 \*\*125.00

*W15-549.00*

FILED  
2015 AUG 11 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan AUG 12 2015

**Plaza Equities, LLC**  
647 Franklin Ave. Suite 200  
Garden City, NY 11530  
516-486-5250 (Fax) 516-538-9429  
rgmorello@gmail.com

August 4, 2015

Florida Department Of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Attached to this letter is an application and a Certificate of Existence for a Limited Liability Company doing business in the State of New York. I am now applying for this company to do business in the State of Florida.

Please accept this application and register Plaza Equities, LLC as a Foreign Limited Liability Company to transact business in the State of Florida.

Also attached is a check for \$125.00 to cover the cost of the filing fee and Designation of Registered Agent.

If you require any further information please feel free to contact me at the above address, phone or email.

Respectfully,



Ron Morello

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PLAZA EQUITIES, 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:

ROBERT MORELLO  
Name of Person

Same  
Firm/Company

647 FRANKLIN AVE SUITE 200  
Address

GARDEN CITY, NY 11530  
City/State and Zip Code

RGMORELLO@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rob Morello at ( 516 ) 486-5250  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$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:

1. PLAZA EQUITIES, LLC  
(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 include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK 3. 20-5877578  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 647 FRANKLIN AVE SUITE 200  
(Street Address of Principal Office)

6. GARDEN CITY, NY 11530  
SAME  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DAMIAN KONDRITAS  
Office Address: 2603 NIGHT RAINS DR  
LUTZ, Florida 33559  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

RONALD MORELLO - MGR  
647 FRANKLIN AVE, SUITE 200  
GARDEN CITY, NY 11530

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

RONALD MORELLO  
Typed or printed name of signee

FILED  
2015 AUG 11 AM 9:24  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**State of New York**  
**Department of State** } ss:

I hereby certify, that PLAZA EQUITIES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/02/2006, 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 05th day of June two  
thousand and fifteen.*

*Anthony Scardino*

Executive Deputy Secretary of State