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TO: Regis Divis	tration Section ion of Corporation	ns						
SUBJECT: _	P	1- NC	Name of Lim	ited Liability Compan	у			
				mpany for Authoriz erenced foreign lim				
Please return a	ll correspondence o	_		ne following: Monk / Name of Person	16			
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	Name o	-	-	at (<u>516</u> Area Code) <u>481</u>	5 - 5 2 S ne Telephone N	2015 A16 13 SECRETERY TALL(本) 管SEL	T
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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:
PI-NC. ILC.
1. (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. 27-2193268 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, it applicable) company is organized)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5.
6. GARDEN CITY, NY 11530
6. GARBEN CITY, NY 11530
SAME (Mailing Address)
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: DAMIAN KONDROTAS
Name: DAMIAN KONDROTAS Office Address: 2603 NIGHT CAINS DR. LUTZ, Florida 33559 ARR (Zip code) ATT
LUIZ , Florida 33559 > 7
(City) (Zip code) (Zip
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 compile
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.
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
GARDEN CITY, N.Y. 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)
11 Cold Mallo
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.
Typed or original name of signer

State of New York Department of State } ss:

I hereby certify, that PI-NC, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/19/2010, and that the Limited Liability Company is existing so far as shown by the records of the Department.



TALLAHASSEFIE STATE

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.

Combiny Scardina

Executive Deputy Secretary of State