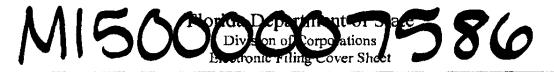
Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000229231 3)))



H150002292313ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Co:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE,

Account Number : 073222003555 Phone : (561)686-3307 Fax Number : (561)471-0894

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: hman Quasanylager Com

Foreign Limited Liability Company

Emano Fund I LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

AECEI/ED

Electronic Filing Menu

Corporate Filing Menu

Help J. HARRIS

P.A

ċ

l of l

15

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Emano Fund I LLC					
	ign Limited Liability Company; must include "Limited	Liability Company," "L.L.C.,	or "LLC.	.*")	
			. <u></u>		
If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting busing CLLC.")	iness in Florida. The alternate	name mus	st includ	c "Limited
New York	3 20-491751				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applica	ible)		-
ł	(Date first transacted business in Florida, if prior	er to registration)			
	(See sections 605.0904 & 605.0905, F.S. to determ	nine penalty liability)			
5. c/o Manocherian Bros.	, 150 East 58th Street,				
New York, NY 10155					
	(Street Address of Principal Office)				
c/o Manocherian Bros.,	150 East 58th Street,			N3	
New York, NY 10155				2015	#EXTENS #
	(Mailing Address)		<u> </u>	33	1 5
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acc	eptable)		~	Generality.
Name:	Gary N. Gerson, Esq.	-		Ċ	¥
Name.	1645 Palm Beach Lakes Blvd., Ste 1200		ENG.	7.m	2 E
Office Address:			<u>5</u> 2.	ထ္	e granian.
	West Palm Beach	33401		5.7	••
		, Florida	₩		
Registered agent's accept	(City)	(Zip code		ယ	v at the place
Having been named as re- designated in this applica- to complywith the provision accept the obligations of t	(City) tance: gistered agent and to accept service of process for tion, I hereby accept the appointment as registere ons of all statutes relative to the proter and comp ny position as registered agent. (Registered agent's signature) teity and address of the person(s) who has/have aut	(Zip code r the above stated limited i d agent and agree to act it lete performance of my di	liability co n this cap	ယ ompan oachy.	l further agi
Having been named as re- designated in this applica- to complywith the provision accept the obligations of n 8. The name, title or capa Jeffery Manocherian, Man	(City) tance: gistered agent and to accept service of process for tion, I hereby accept the appointment as registere ons of all statutes relative to the prosper and comp ny position as registered agent. (Registered agent's signature) teity and address of the person(s) who has/have autorager	(Zip code r the above stated limited i d agent and agree to act it lete performance of my di	liability co n this cap	ယ ompan oachy.	l further agi
Having been named as re- designated in this applica- to complywith the provision accept the obligations of names. 8. The name, title or capa Jeffery Manocherian, Manacherian, Manacherian Bros., 13	(City) tance: gistered agent and to accept service of process for tion, I hereby accept the appointment as registere ons of all statutes relative to the prosper and comp ny position as registered agent. (Registered agent's signature) teity and address of the person(s) who has/have autorager	(Zip code r the above stated limited i d agent and agree to act it lete performance of my di	liability co n this cap	ယ ompan oachy.	l further agi
Having been named as re- designated in this applica- to complywith the provision accept the obligations of n 8. The name, title or capa Jeffery Manocherian, Man	(City) tance: gistered agent and to accept service of process for tion, I hereby accept the appointment as registere ons of all statutes relative to the prosper and comp ny position as registered agent. (Registered agent's signature) teity and address of the person(s) who has/have autorager	(Zip code r the above stated limited i d agent and agree to act it lete performance of my di	liability co n this cap	ယ ompan oachy.	l further agi

Gary N. Gerson, Authorized Representative

Typed or printed name of signee

State of New York **Department of State**

I hereby certify, that EMANO FUND 1 LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/22/2006, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of EMANO FUND I LLC was filed on 09/07/2006.

A Biennial Statement was filed 05/19/2010.

A Biennial Statement was filed 06/27/2012.

A Biennial Statement was filed 05/06/2014.

I further certify, that no other documents have been filed by such Limited Liability Company.

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

Anthony Giardina Executive Deputy Secretary of State

201509220239 * PS