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.

(((H15000279736 3)))



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

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone

: (845)425-0077

Fax Number

: (845)818-3588

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

Email Address: MAT

Foreign Limited Liability Company 974 ST. NICHOLAS AVE. MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

NOV 25 2015

Electronic Filing Menu

Corporate Filing Menu

Help

3 3

(((H15000279736 3)))

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:

974 ST. NICHO	LAS AVE. MANAGE	EMENT, LLC			_	
(Name of Foreig	n Limited Liability Company: π	ust include "Limited L	iability Comp	any," "L.L.C.," or	"LLC.")	
if name unavailable, enter alt	ernate name adopted for the purp	ose of transacting husin	ness in Plorid	a. The alternate nar	ne must inc	:lude "Limited
Limbility Company,"."L.L.C," New York	or "LLC,")					
<u>.</u> .	of which foreign limited liability	3	(1817)	number, if applicat	ale)	
company is organized)			(1.2.	mannosis in telefations)()	
·						
	(Date first transacted has (See sections 605.0904 & 6	imess in Morida, if prio 05.0905, M.S. to determ	r to registratio Ine penalty li	on.) abliity)		
315 Madison	Avenue, Suite 2	208, New Y	ork, NY	/ 10017		
				Contraction of the Contraction o	iii ∪: ⊆	· · · · · · · · · · · · · · · · · · ·
	(Street	Address of Principal O	(fice)			
315 Madison	Avenue, Suite 2	•	· ·	′ 10017 🔯	ARY 24	<u></u>
			, .		معتقد أبارت	
				production of the state of the	S	·
		(Mailing Address)				
7. The name, title or c	apacity and address of th	ne person(s) who l	has/have a	uthority to ma	nage is/s	ire;
Ana McNeur, Mana	ging Member, 315 M	ladison Avenue	e, Suite 2	08, New Yo	rk, NY	10017
		· · · · · · · · · · · · · · · · · · ·		<u> </u>		
	. <u>1444. 1444</u>		·			
<u> </u>						<u></u>
	al certificate of existence					
	rds in the jurisdiction und					
ust be submitted)	cate is in a foreign langu	lage, a translation	or the cer	tificate under	ogui or i	ne translator
, , , , , , , , , , , , , , , , , , , ,	a m	On .				•
	Una Mor	llen				
-	Signatur	e of an authorized	l person		•	
	03, F.S., the execution of this document to the De- n submitted in a document to the De-					
•	Ana McNeur					
, -		orinted name of si	gnee		-	

(((UT3000512120 2)))

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.

1. The name of the Limited Liability Company is:

974 ST. NICHOLAS AVE. MANAGEMENT, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Vcor	p Services, LLC	TASE	5	
	(Name)		<u> </u>	
5011	South State Road 7, Suite 106	ESE SE	V 24	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		Ha		ED
Davie	FL 33314	PIOT IV LS		
	City/Stare/Zip		<u></u>	

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.

- Indiana de la companya della companya della companya de la companya de la companya della compa

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

(((H150002**7**9736 3)))

(((H15000279736 3)))

State of New York Department of State

I hereby certify, that 974 ST. NICHOLAS AVE. MANAGEMENT, LLC a NEW YORK Limited Liability Company filed a Certificate of Conversion pursuant to the Limited Llability Company Law on 01/31/1996, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

An Affidavit of Publication of 974 ST. NICHOLAS AVE. MANAGEMENT, LLC was filed on 07/01/1996.

An Affidavit of Publication of 974 ST. NICHOLAS AVE. MANAGEMENT, LLC was filed on 07/01/1996.

A Biennial Statement was filed 11/20/2015.

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 of Albany, this 20th day of November's Albany and fifteen.

Anthony Glardina

Executive Deputy Secretary of State

201511230178 * HD