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(((H16000012578 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

\*RE-SUBMIT\*

From:

Account Name : C T CORPORATION SETEMIN ORIGINAL filling 

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

Email Address:

## Foreign Limited Liability Company Rafferty Holdings, LLC

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JAN 2 0



January 19, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: RAFFERTY HOLDINGS I, LLC REF: W16000003222

\*RE-SUBMIT\*
Please retain original filing
date of submission \_\_/\_\_\_\_

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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Jenna D Harris Regulatory Specialist II FAX Aud. #: H16000012578 Letter Number: 116A00001078

## COVER LETTER

TO:		stration Section ion of Corporation	ns						
SUBJE	CT:	Rafferty Holdings	, LLC						
G D I J G I J	~	•	Name of	Limited Liability	Company				
The enc Existence	losed oc.	"Application by Fo	reign Limited Liability Com ed to register the above refer	pany for Authorize enced foreign limi	ation to Tra ted liability	ansact Business in Florida," y company to transact busin	Certificate of ess in Florida		
Please re	eturn a	ill correspondence	concerning this matter to the	following:					
		Albert Manzo							
	Name of Person								
	Cipolla & Co, LLC								
	Firm/Company								
	851 Franklin Lake Rd Ste 103								
		<del></del>		Address					
		Franklin Lakes, NJ 07417-2267							
			City/S	tate and Zip Code					
		amanzo@cipoll	acpa,com			•			
			E-mail address: (to be used	d for future annual	report not	ification)			
For furth	er info	onnation concernit	ng this matter, please call:						
Albert Manzo				_at (	(201)49	90-1190			
		Name	of Contact Person	Area Code	Day	time 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						
		heck for the follow 25.00 Filing Fee	ring amount:  \$\square\$ \$\square\$ \$130.00 Filing Fee & Certificate of Status	□ \$155,00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop			

## 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: Rafferty Holdings, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Rafferty Holdings I. 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,") New York (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 605.0905, F.S. to determine penalty liability) 1010 Franklin Avenue, Suite 300A Garden City, NY 11530 (Street Address of Principal Office) 1010 Franklin Avenue, Suite 300A Garden City, NY 11530 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road · Office Address: Plantation Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familiar with and accept the obligations of my position as registered agent. C T Corporation System Bv: 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Rafferty Servicing, Inc., Manager: 1010 Franklin Avenue, Suite 300A, 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 cath of the translator must be submitted) 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.

Stephen Sprague

Typed or printed name of signee

## State of New York Department of State } ss

I hereby certify, that BLACKSBURG REALTY LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/19/1998, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment BLACKSBURG REALTY LLC, changing its name to RAFFERTY HOLDINGS, LLC, was filed 03/08/2000.



of the Department of State at the City of Albany, this 06th day of January two thousand and sixteen.

Witness my hand and the official seal

Anthony Giardina
Executive Deputy Secretary of State

201601070031 \* EZ

2016 JAN 15 AM 11:55