

M16000000945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

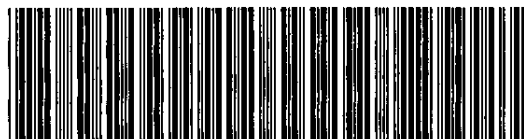
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/03/16--01003--014 **155.00

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2016 FEB -2 PM 5:07
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

FEB - 4 -

Covey, Roberts & Carmody-Roberts, LLC

200 Katonah Avenue
Katonah, New York 10536
Telephone: 914-232-2222 Fax: 914-232-0574
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George Hunter Roberts
(Admitted New York and Florida)

FOUNDED 1905

Linda Carmody-Roberts, CELA
(1949-2004)

Loriann M. Low, Associate

c/o Michael R. Tilley
7999 N. Federal Hwy, Ste. 102
Boca Raton, FL 33487
561-368-6020

Paralegals
Linda G. Collica
Linda Cheek
Jayne Hinchcliffe

January 28, 2016

Florida Dept. of State
Division of Corporations
Registration Section
Clifton Bldg.
2661 Executive Center Circle
Tallahassee FL 32301

Re: Eastern Shores Estates, LLC

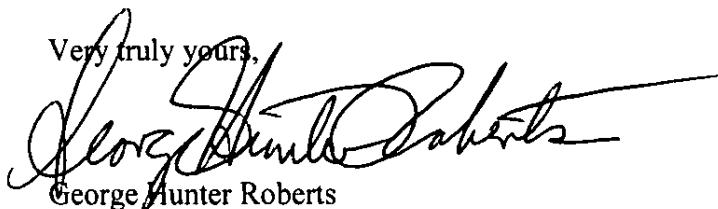
Dear Sir/Madam:

Please find enclosed our check in the amount of \$155.00, official cover letter, Application, and Certificate of Existence for the above-referenced matter.

If anything further is required to register this LLC in Florida, please notify my office.

Thank you.

Very truly yours,



George Hunter Roberts

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EASTERN SHORES ESTATES, 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:

GEORGE HUNTER ROBERTS, ESQ.

Name of Person

COVEY, ROBERTS & CARMODY-ROBERTS, LLC

Firm/Company

200 KATONAH AVE.

Address

KATONAH NY 10536

City/State and Zip Code

ghroberts@crclaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE HUNTER ROBERTS, ESQ.

Name of Contact Person

914

Area Code

232-2222, EXT. 312

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. EASTERN SHORES ESTATES, 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

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 47-5385512

(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. 20 VIC PASS

CARMEL NY 10512

(Street Address of Principal Office)

6. _____

(Mailing Address)

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

Name: MICHAEL R. TILLEY, ESQ.

Office Address: 7999 N. FEDERAL HWY, SUITE 102

BOCA RATON

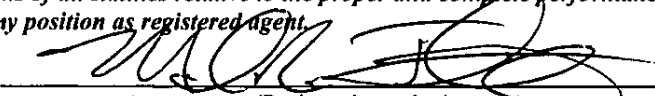
(City)

, Florida 33487

(Zip code)

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 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.*


(Registered agent's signature)

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

LINDA NICOLINI, MEMBER AND MANAGER

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 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.

LINDA NICOLINI

Typed or printed name of signee

FILED
2016 FEB -2 PM 5:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that EASTERN SHORES ESTATES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/19/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.



FILED
2016 FEB -2 PM 5:07
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 09th day of December two
thousand and fifteen.*

Anthony Scardino

Executive Deputy Secretary of State