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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR 31



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2016 MAR 29 AM 11:36  
TALLAHASSEE, FLORIDA

March 17, 2016

CAHILL, KNOBEL & ASSOCIATES LLC  
COLIN B CARILL  
P.O. BOX 205  
HOMER, NY 13077

SUBJECT: J.F.M. 44-46 LLC  
Ref. Number: W16000020195

We have received your document for J.F.M. 44-46 LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 416A00005571

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JEM 44-46 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:

Colin B. Cahill  
Name of Person

Cahill, KNOBEL & ASSOCIATES LLC  
Firm/Company

PO Box 205  
Address

HUMER NY 13077  
City/State and Zip Code

Colin @ Cahill Knobel. Com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colin Cahill at ( 607 ) 749-5337  
Name of Contact Person Area Code 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. J.F.M. 44-46 LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

GIORDANO PROPERTIES 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. 43-1987162  
(FEI number, if applicable)

4. 10-1-16  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4437 RAPHAEL DRIVE  
CORLAND NY 13045-  
(Street Address of Principal Office)

6. 4437 RAPHAEL DRIVE  
CORLAND NY 13045-  
(Mailing Address)

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

Name: MARCO A GIORDANO

Office Address: 26 VIA FLORESTA

BOCA RATON, Florida 33487  
(City) (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.

Marco Giordano  
(Registered agent's signature)

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

AMOR  
NUNZIO GIORDANO  
4437 RAPHAEL DRIVE  
CORLAND NY 13045

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)

Marco Giordano  
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.

NUNZIO GIORDANO  
Typed or printed name of signee

FILED  
2016 MAR 29 PM 12:45  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**State of New York  
Department of State } ss:**

FILED  
2016 MAR 29 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I hereby certify, that J.F.M. 44-46 LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/10/2009, 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 J.F.M. 44-46 LLC was filed on 01/20/2010.

A Biennial Statement was filed 04/06/2015.

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 at the City  
of Albany, this 19th day of February  
two thousand and sixteen.*

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State