| MIL  | <u>88353</u>   |
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| (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | AOO285522934<br>TAUAASSE<br>AOO285522934<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUAASSE<br>TAUA |
| Special Instructions to Filing Officer:  | MAY 11 2016<br>S. YOUNG  |

## **COVER LETTER**

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## TO: Registration Section Division of Corporations

217 Realty Associates, LLC

SUBJECT:

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:

Nicole Villarroel, Esq.

| Name of Person   | _        |
|--|----------|
| nan, Olive & Judd, P.A.  | 161      |
| Firm/Company   |          |
| st Las Olas Boulevard  | 10       |
| Address  | - PH     |
| derdale, Florida, 33301  | 4:<br>15 |
| City/State and Zip Code  | _ •      |
| @hojlaw.com  |          |
| E-mail address: (to be used for future annual report notification) | _        |
| e-mail address. (to be used for future annual report notification) |          |

For further information concerning this matter, please call:

| Nicole Villarroel                              | 954 334-2<br>at ( )                       | 250  |
|--|---|--|
| Name of Contact Person                         | Area Code Da                              | ytime Telephone Number   |
| MAILING ADDRESS:                               | STREE                                     | T ADDRESS:   |
| Division of Corporations                       | Divisior                                  | of Corporations  |
| Registration Section                           | Registra                                  | tion Section   |
| P.O. Box 6327                                  | Clifton Building                          |  |
| Tallahassee, FL 32314                          | 2661 Executive Center Circle              |  |
|  | Tallahassee, FL 32301                     |  |
| Enclosed is a check for the following amount:  |   |  |
| ■ \$125.00 Filing Fee<br>Certificate of Status | □ \$155.00 Filing Fee &<br>Certified Copy | □ \$160.00 Filing Fee, Certificate<br>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:

217 Realty Associates, 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   | 13-3275872  | <b>x</b> |   |
|----|--|---|----------|---|
|    | (Jurisdiction under the law<br>company is organized) | of which foreign limited liability (FEI number, it applicable)  |          |   |
| 4, | •  |   |          | i   |
|    |  | (Date first transacted business in Florida, if prior to registration.)<br>(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | 16       | S International |
| 5, | 30 Maidstone Drive, E                                |   | HAY      |   |
|    | Amagansett, New Yor                                  | k 11930   | ŝ        |   |
|    | · · · · · · · · · · · · · · · · · · ·                | (Street Address of Principal Office)  | 0        | 822 E.  |
| 6. | 30 Maidstone Drive, 25                               | 50  | PH       | ್ಷಾಂ  |
|    | Amagansett, New York                                 | k   1930  | Ę        | 02  |
|    |  | (Mailing Address)   |          |   |
| 7. | Name and street addres                               | s of Florida registered agent: (P.O. Box NOT acceptable)  | J.       | <u>O</u> M<br>X   |
|    | Name:  | Hackleman, Olive & Judd, P.A.   |          |   |
|    | Office Advance                                       | 2426 East Las Olas Bloulevard   |          |   |

Fort Lauderdale

, Florida 33301 (Zip code)

Registered sgent'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 in the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agenu

(Registered agoat's signature)

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

(City)

Maurice Mann 2112 Broadway, New York, New York (002), Managing Member

Steve Cheney 3530 Bedford Avenue, Brooklyn, New York 11222, Member

Sarsh Chency 3530 Bedford Avenue, Brooklyn, New York 11222, Member

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.\$17.155, P.S.

ANN MAURICE Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that 217 REALTY ASSOCIATES, LLC a NEW YORK Limited Liability Company filed a Certificate of Conversion pursuant to the Limited LIability Company Law on 03/08/1996, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 03rd day of May two thousand and sixteen.

the timy Sicilina

Executive Deputy Secretary of State

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