## M16000003990

(R	Requestor's Name)				
(A	(ddress)				
(Address)					
(City/State/Zip/Phone #)					
	_				
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
•					
<u></u>					
Special Instructions to Filing Officer:					
	•	:			
l					

Office Use Only



900285517469

05/13/16--01017--005 \*\*160.00



MAY 20 2016 I SHIVERS

## **COVER LETTER**

	egistration Section ivision of Corporation	1					
CHID YEAR	<b>.</b>	Ster Rx	LLC				
SUBJECT	•		ne of Limited Liability (	Company			
					and the second of the second o		
					nsact Business in Florida," Certificate of company to transact business in Florida		
Please retu	rn all correspondence co	ncerning this matter t	to the following:				
	Kav	in Thor	ie.				
Kavin I hone.  Name of Person							
	Ster 6	lx LLC					
Ster Rx LLC Firm/Company							
141 Tabo Avenue							
141 Idaho Avenue Address							
Plattsburgh NY 12903 City/State and Zip Code							
Nan leya Sterr x. Com  E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
_	Karin Name of	Contact Person	at ( <u>S ( &amp; </u> Area Code	) 32 Dayi	24 - 7879 time Telephone Number		
Di Re P.	AILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uitding cutive Center Circle ce, FL 32301		
	s a check for the followin \$125.00 Filing Fee	ng amount: □ \$130.00 Filing Fee Certificate of Status	& □ \$155.00 Filin Certified Copy	g Fee &	□ \$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: Ster Ry LLC
(Name of Pordign 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.") 3. 61-1718460 (FEI number, if applicable) New York (Jurisdiction under the law of which foreign limited liability company is organized) Pendina Registration
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 12953 (Street Address of Principal Office) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (City) 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 duties, and I am familiar with and accept the obligations of my position as registered agent. Corporation Service Company Elizabeth Smith 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/Assistant Vice President 9. Attached is a certificate of existence, no more than 90 days old, this authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the pertingute 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.

Typed or printed name of signee

## State of New York Department of State State

I hereby certify, that STERRX, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/15/2013, 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 STERRX, LLC was filed on 10/28/2013.

A Certificate of Amendment was filed on 02/18/2016.

A Biennial Statement was filed 04/27/2016.

I further certify, that no other documents have been filed by such Limited Liability Company.



201604280002 \* 35

Witness my hand and the official seal of the Department of State at the City of Albany, this 27th day of April two thousand and sixteen.

Anthony Giardina

**Executive Deputy Secretary of State**