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то:		ation Section n of Corporation	s				
SUBJE		ID SV, LLC					
			Name of	Limited Liability (Company		
						unsact Business in Florida," (y company to transact busine	
Please r	return all	correspondence c	oncerning this matter to the	following:			
		Scott Rosen, Es	q.				
			N	ame of Person			=
		Scott Rosen, P.	A.				15 J
Firm/Company							
		150 S. Pine Isla	nd Road, Suite 417				-7 PH 3: 11
Address						PH 3:	
		Plantation, FL	33324				= 33
			City/S	State and Zip Code			
		donaelkobi@gma	nil.com				
	•		E-mail address: (to be use	d for future annual	report not	ification)	
For furt	her infor	nation concerning	g this matter, please call:				
	Scott R	osen, Esq.		954 at (0 / srosen@srosenlaw.com	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301	
Enclose		eck for the follow .00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Cer 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:

, EMD SV, LLC	ONVESS IN THE STATE OF TEORIES.				
(Name of Fore	ign Limited Liability Company; mo	ust include "Limit	ed Liability Company," "L.L.C	" or "LLC.")	
(If name unavailable, enter alt Liability Company," "L.L.C,"	ternate name adopted for the purpo				
2. New York		3	(FEI number, if appli	161	
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if appli	icable)	
4	(Date first transacted busin (See sections 605.0904 & 60:	ness in Florida, if p	prior to registration.)	- 3 A	¥ 14
5. 1 Marcus Drive	(See sections 605.0904 & 603	5.0905, F.S. to del	ermine penalty hability)	16 JUN -7 PM	ánt
Monsey, NY 10952				1 (m)	, 31.5 (
	(Street Address of	f Principal Office)			<u>-</u>
6. 1 Marcus Drive					, -
Monsey, NY 10952	(Mailing	g Address)		<u> </u>) (-
	_				
Name and street address	s of Florida registered agent: (F	P.O. Box <u>NOT</u> a	icceptable)		
Name:	Scott Rosen, P.A.				
Office Address:	150 S. Pine Island Road, Ste. 4	417			
	Plantation		, Florida 33324 (Zip coo		
Registered agent's accept	(City)		(Zip coo	ie)	
Having been named as reg designated in this applicat to complywith the provision	gistered agent and to accept sei tion, I hereby accept the appoir	ntment as registe e proper and cor	ered agent and agree to act	d liability company at the place t in this capacity. I further agree duties, and I am familiar with ar	
	(Regis	stered agent's sign	ature)	<u> </u>	
8 The name title or cana	icity and address of the person(s				
•	nember, 1 Marcus Drive, Monse		authority to manage is/are.		
	ng member, I Marcus Drive, M		2		
	ubmitted) Allun E		foreign language, a translat	aving custody of records in the tion of the certificate under oath	
	in accordance with section 605				

Typed or printed name of signee

Dona Elkobi

State of New York **Department of State**

I hereby certify, that EMD SV, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/14/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 02nd day of June two thousand and sixteen.

Lituting Sicidina

Executive Deputy Secretary of State