

MI6000006475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

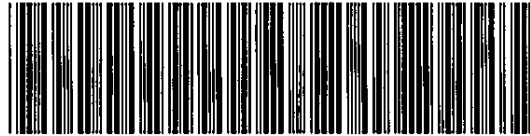
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 AUG 12 P 3:21  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

S Warren

AUG 15 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2016

MARYANN PIERRO  
2266 5TH AVENUE, #507  
NEW YORK, NY 10037

SUBJECT: MAPS FLATS LLC  
Ref. Number: W16000056315

We have received your document for MAPS FLATS LLC and your check(s) totaling \$768.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Need Certificate of Existence from New York, Articles of Organization do not meet statutory compliance,

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 316A00017139

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Maps Flats 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:

MaryAnn Pierro

\_\_\_\_\_  
Name of Person

Maps Flats LLC

\_\_\_\_\_  
Firm/Company

2266 5th Avenue #507

\_\_\_\_\_  
Address

New York, NY 10037

\_\_\_\_\_  
City/State and Zip Code

mapsflats@yahoo.com

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

For further information concerning this matter, please call:

MaryAnn Pierro

917

817-3075

at ( )

\_\_\_\_\_  
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

*I have also enclosed a check for the fine.*

*Thank you.*

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. Maps Flats 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 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEL number, if applicable)

4. July 21, 2015  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2266 5th Avenue #507  
New York, NY 10037  
(Street Address of Principal Office)

6. 2266 5th Avenue #507  
New York, NY 10037  
(Mailing Address)

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

Name: REGISTERED AGENTS INC  
Office Address: 3030 N. ROCKY POINT DRIVE, STE 150A  
TAMPA, Florida 33607  
(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.

Bell Thorne  
(Registered agent's signature)

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

MaryAnn Pierro, Member  
2266 5th Avenue #507  
New York, NY 10037

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)

MaryAnn Pierro  
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.

MaryAnn Pierro  
Typed or printed name of signee

FILED  
2015 JUN 12 P 3:21  
SECRETARY OF STATE  
TREASURY OF FLORIDA

**STATE OF NEW YORK**  
**DEPARTMENT OF STATE**

*I hereby certify, that MAPS FLATS LLC, a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/09/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.*



WITNESS my hand and official seal of the  
Department of State, at the City of Albany,  
on July 25, 2016.

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State