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From: 10/20/2016 12:46:06 PM MDT Page 2 of 2

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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Foreign Limited Liability Company  
283 MALCOM X BOULEVARD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2016 SEP -7 PM 3:12

TALLAHASSEE, FLORIDA

2016 SEP -7 A 11:05  
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SEP 08 2016



September 7, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: 283 MALCOLM X BOULEVARD, LLC  
REF: W16000061182

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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

FAX Aud. #: H16000221290  
Letter Number: 616A00018816

2016 SEP -7 PM 3:12

TALLAHASSEE, FLORIDA

**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. 283 MALCOM X BOULEVARD, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. NEW YORK

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

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

5. 1880 HYLAN BLVD SUITE 2R-4

STATEN ISLAND, NY 10305

(Street Address of Principal Office)

6. 1880 HYLAN BLVD SUITE 2R-4

STATEN ISLAND, NY 10305

(Mailing Address)

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

Name: BlumbergExcelsior Corporate Services, Inc.

Office Address: 155 Office Plaza Drive, 1st Fl.

Tallahassee

(City)

Florida 32301

(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.*

Lauren Depass, Assistant Secretary

(Registered agent's signature)

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

JAY DEUTCHMAN, MANAGER 1880 HYLAN BLVD SUITE 2R-4, STATEN ISLAND, NY 10305

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)

X

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.

JAY DEUTCHMAN

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 SEP -7 A 11:05

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

*I hereby certify, that 283 MALCOM X BOULEVARD, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/27/2001, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:*

*An Affidavit of Publication of 283 MALCOM X BOULEVARD, LLC was filed on 11/28/2001.*

*An Affidavit of Publication of 283 MALCOM X BOULEVARD, LLC was filed on 11/28/2001.*

*A certificate changing name to 283 MALCOLM X BOULEVARD, LLC was filed on 12/21/2004.*

*A Certificate of Amendment was filed on 01/14/2013.*

*The Biennial Statement is past due.*

*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 02nd day of September  
two thousand and sixteen.*

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State