2016-09-14 16:57:19 CST

19542080845 From: Ranae McGraw

Forma Department of State
Design Comparations
Standard over theet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002293073)))



H160002293073ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

(850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842

Phone : (850)205-8842 Fax Number : (850)878-5368

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

Email Address:

25 15 AH 10:1

Foreign Limited Liability Company Ferrers Galleries LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	Registration Section Division of Corporation	s						
SUBJEC	Ferrers Gatteries LL	С						
551.6		Name of Limited Liability Company						
		eign Limited Liability Comp d to register the above refere						
Please ret	urn all correspondence o	oncerning this matter to the	following:					
	Evan Frank							
	Name of Person							
	Ferrers Galleries LLC							
		Fi	rm/Company			_		
	52 Walker Street, 3rd Floor							
Address						-		
	New York, NY 10013							
	City/State and Zip Code					m: o ⊙		
						E & E		
		E-mail address: (to be used	l for future annual	report not	ification)	R 5 E		
For further	r information concerning	g this matter, please call:						
Evan Frank		212 _ at (906-91:	2	Ē Ģ			
_	Name o	f Contact Person	Area Code	Day	time Telephone Number,			
] } I	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding centive Center Circle sec, FL 32301			
	is a check for the follow 과 \$125.00 Filing Fee	ing amount: \$\Bigsize \text{\$\text{\$\subset\$} \text{\$\$\text{\$\exitt{\$\text{\$\exitex{\$\text{\$\text{\$\text{\$\text{\$\$}}}}\$}}}}}}} \end{lengthetett}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	□ \$155.00 Filin Certified Copy	ı <u>g</u> Fce &	☐ \$160 00 Filing Fee, Of Status & Certified Co			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0XD, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Ferrors Galleries LLC (Name of Form	eign Limited Liability	Company; must include 'Limi	ted Liability Company, "L.L.C.," or	"LLC")
(If name unavailable, enter al	lternate name adopted	for the purpose of transacting	business in Florida. The alternate na	me must include "Limited
Liability Company," "L.L.C,"	" or "L.I.C.")			
2 Delaware (Jurisdiction under the law	at infaint the infaint Conte	3. 30-083	(FEI number, if applicable	
company is organized)	ar wheat totolike times	ed naminy	(FE) number, it applicable	9
4.	(Date first fru	nsacted business in Florida, if 5.0904 & 605.0905, F.S. to de	prior to registration.)	_
52 Walker Street, 3rd l		5.0904 & 605.0905, F.S. to de	termine penalty liability)	
J				~ ~
New York, NY 10013		et Address of Principal Office)		_
6. 52 Walker Street, 3rd f				
New York, NY 10013				
		(Mailing Address)		- ≥8 .6
7. Name and street address	ss of Florida register	ed agent: (P.O. Box NOT	acceptable)	SE T
Name:	C T Corporation 8	System		
Office Address:	3458 Lakeshore Di	rive		SHO 5 D
	Tallahassee		Florida 32312	
Registered agent's accep		(City)	(Zip code)	- 100 5
designated in this applica	tion, I hereby accep ons of all statutes re	t the appointment as regist lative to the proper and co. tepol agent.	for the above stated limited liab ered agent and agree to act in the mplete performance of my dutie. Secretary, CT Corporation nature)	is capacity. I further agree s, and I am familiar with an
8. The name, title or cape	acity and address of	the person(s) who has/have	authority to manage is/are:	
Evan Frank, President				
52 Walker Street, 3rd Flo	or			·
New York, NY 10013				
	of which it is organi		thenticated by the official having a foreign language, a translation o	
		Signature of an authorized	l person	-
			orida Statutes. I am aware that an ree felony as provided for in s 81	
	Evan Frank			

Typed or printed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FERRERS GALLERIES LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE EIGHTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

FILLED

FILLED

FILE

FI

5485360 8300

SR# 20165700690

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202956060

Date: 09-08-16