M16000007422

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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 22, 2016

MAXIMILIAN POLSKY 121 W 19TH ST, APT #5E NEW YORK, NY 10011

SUBJECT: M2 GATOR, LLC Ref. Number: W16000057929

We have received your document for M2 GATOR, LLC and your check(s) totaling \$125.00. 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

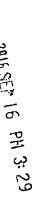
If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II nent, please call

Letter Number: 316A00017692

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT: M2 GATOR, 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:				
MAXIMILIAN POLSKY, MANAGING MEMBER Name of Person				
MO CAMOD LLC				
M2 GATOR, LLC Firm/Company				
· · · · · · · · · · · · · · · · · · ·				
121 WEST 19TH STREET, APT. 5E				
Address				
NEW YORK, NY 10011				
City/State and Zip Code				
maximilianpolsky@gmail.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
MATTHEW L. HORNSTEIN at (610) 805-4912 Name of Contact Person Area Code Daytime Telephone Number				
MAILING ADDRESS: Division of Corporations STREET ADDRESS: Division of Corporations				
Registration Section Registration Section				
P.O. Box 6327. Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount: Make Ck Payable to: FL Department of State State State State State State Certificate of Status Certificate of Status Enclosed is a check for the following amount: Make Ck Payable to: FL Department of State Sta				

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

1

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

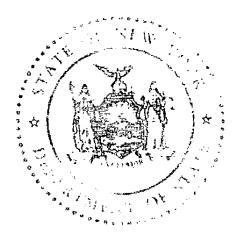
1. M2 GATOR LLC	SINESS IN THE STATE OF FLORIDA: cign Limited Liability Company; must include "Li	imited Liability Company," "L.L.C.," c	or "LLC.")
(If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpose of transacting or "LLC.")	ng business in Florida. The alternate na	ime must include "Limited
2. <u>NEW YORK</u> (Jurisdiction under the law company is organized)	of which foreign limited liability 3. 82	1 - 3148917 (FEI number, if applicabl	e)
4. JULY 15, 201	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	, if prior to registration.) determine penalty liability)	_
5. 1132 S. MAIN	STREET		_
GAINESVILLE,	- 50 16		
6. 121 WEST 19TI			
NEW YORK, NY 10011 (Mailing Address)			P SSS
7. Name and street address	ss of Florida registered agent; (P.O. Box <u>NC</u>	<u>)T</u> acceptable)	talen a vara
Name:	MATTHEW L. HORNSTEIN		LOR I I
Office Address:	1132 S. MAIN STREET		TE
	GAINESVILLE,	, Florida <u>32601</u>	
designated in this applica to complywith the provisi	(City) tance: gistered agent and to accept service of procution, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent.	gistered agent and agree to act in t	his capacity. I further agree
uccept me vongunous of	my position us registered agent.		
	(Registered agent's s	signature)	_
8. The name, title or capa	ncity and address of the person(s) who has/ha	ve authority to manage is/are:	
MAXIMILIAN P	OLSKY, MANAGING MEMBER, 1	21 W.19TH ST.,5E NEW	V YORK, NY 10011
MATTHEW L. HO	DRNSTEIN, MANAGING MEMBER	, 315 E. 68TH ST.,6F	'NEW YORK, NY 10065
	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is aubmitted) Signature of an authoric	in a foreign language, a translation	
This document is executed	I in accordance with section 605,0203 (1) (b),	•	ny 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.

MATTHEW L. HORNSTEIN
Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that M2 GATOR LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/06/2016, 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 September two thousand and sixteen.

Employ Date Comment of State

Executive Deputy Secretary of State