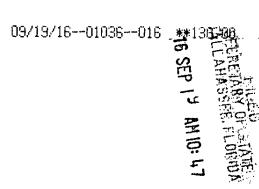
(Requestor's Name)					
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
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OCT 11 2016 S. YOUNG

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 21, 2016

ROBERT A BILTEKOFF, ESQ BILTEKOFF LAW OFFICE, LLC 43 COURT STREET STE 930 BUFFALO, NY 14202

SUBJECT: WEATHER IN DETAIL, LLC

Ref. Number: W16000065230

We have received your document for WEATHER IN DETAIL, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Shelia H Young Regulatory Specialist II

Letter Number: 716A00020280

16 SEP 19 AMID: 4

COVER LETTER

	Registration Section · Division of Corporatio	ns					
SUBJEC	WEATHER IN DE	TAIL, LLC					
		Name of	Limited Liability (Company		-	
		reign Limited Liability Comp ed to register the above refere					
Please ret	urn all correspondence	concerning this matter to the	following:				
	Robert A. Bilte	ekoff, Esq.					
		N	ame of Person			_	
	Biltekoff Law	Office, LLC					
	Firm/Company						
	43 Court St., S	uite 930				_	
			Address			_	
	Buffalo, NY 1	4202				ಕ	SECT
		City/S	tate and Zip Code			SEP 19	五型
	wxexpert@hotm	nail.com				19	SPE
		E-mail address: (to be used	d for future annual	report not	ification)	7	
For furthe	r information concernir	ng this matter, please call:				AM 10: 47	25
1	Robert A. Biltekoff		716 at (748-73 _)	14	_ _	Sin
	Name	of Contact Person	Area Code	Day	time Telephone Number		
	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Fallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301		
Enclosed i	is a check for the follow \$125.00 Filing Fee	ving amount: \$\forall \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified Co		;

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:

(Hamo of Fore	L, LLC ign Limited Liability Company; must include "I	Limited Liability Company," "L.L.C.," or "LL	.C.")
Liability Company," "L.L.C,"	ternate name adopted for the purpose of transact or "LLC.")	ting business in Florida. The alternate name m	nust include "Limited
2. NEW YORK	of which foreign limited liability	(FEI number, if applicable)	
company is organized)	of which foreign limited liability	(FEI number, it applicable)	
4			
	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. 1	a, if prior to registration.) to determine penalty liability)	
5. 21 BRANDON CT		,,,,,, , , , , , ,	
AMHERST, NY 14228			
	(Street Address of Principal Of	Tice)	
6. 21 BRANDON CT			
AMHERST, NY 14228			SE SE
-	(Mailing Address)		25 25
7. Name and street address	s of Florida registered agent: (P.O. Box N	OT acceptable)	
	DAVID SLIWA	<u>o : </u> 2000p.mo.e _/	
Name:			AM 10: 4
Office Address:	3645 BOCA CIEGA DR. #114	· ····	? 읊
	NAPLES	, Florida 34112	- · · · · · · · · · · · · · · · · · · ·
, Registered agent's accept	(City)	(Zip code)	
designated in this applicat to complywith the provisio	gistered agent and to accept service of prodion, I hereby accept the appointment as reins of all statutes relative to the proper and may position as registered agent. (Registered agent's	egistered agent and agree to act in this co d complete performance of my duties, an	apacity. I further agree
8. The name, title or capa-	city and address of the person(s) who has/h	ave authority to manage is/are:	
8. The name, title or capac	city and address of the person(s) who has/h	ave authority to manage is/are:	
8. The name, title or capacidated AARON D. MENTKOWS 2 Brando	oity and address of the person(s) who has/h KI Authorized Menb Ct., Anhent N	er authority to manage is/are:	
8. The name, title or capac AARON D. MENTKOWS 21 Brando	city and address of the person(s) who has/h OKI Authorized Memb N Ct., Anherst N	er 14228	

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.

State of New York } ss: Department of State

I hereby certify, that WEATHER IN DETAIL, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/11/2012, 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 08th day of August two thousand and sixteen.

Cotating Sicidina

Executive Deputy Secretary of State