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SECNETARY OF STATES

## Foreign Limited Liability Company Carmasteph, LLC

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November 28, 2016

PLORIDA DEPARTMENT OF STATE
Division of Corporations

DELANEY CORFORATE SERVICES

SUBJECT: CARMASTEPH, LLC

REF: W16000079285

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.

Pursuant to 8.605.0902(1) (e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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. #: H16000288840 Letter Number: 516A00025255

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

IN COMPLIANCE WITH SECTION 603,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

Carmasteph, LLC			•
(Name of Fore	ign Limited Liability Company; must include "L	Imited Liability Company," "L.L.C.," or "LL	C:")
.iability Company," "L.L.C,"	ternate name adopted for the purpose of transact or "LLC.")	ing business in Florida. The alternate name m	ust include "Limited
New York	<b>3.</b>		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. t	i, if prior to registration.) o defermine penalty liability)	
25 Route 111, P.O. Bo	x 365, Woodbury, NY 11787		
	(Street Address of Principal Of	ilos)	
25 Route 111, P.O. Box 365, Woodbury, NY 11787			எ
			* 1
			喜 ط
	(Mailing Address)		13 ATT
. Name and street addres	s of Piorida registered agent: (P.O. Box N	OT acceptable)	
	NRAI Services, Inc.		
Name:		<del></del>	$\mathbf{\varphi} \mapsto \hat{\psi}$
Office Address:	1200 South Pine Island Road		<u>သ</u> ်
	Plantation	. Florida 33324	
	(City)	(Zip code)	
designated in this applica to complywith the provision accept the obligations of t	gistered agent and to accept service of pro- tion, I hereby accept the appointment as re- ons of all statutes relative to the proper and my position as registered agent. NRAI Services, Inc. By:	gistered agent and agree to act in this ci	apacity. I further agree
	(Registered agent's	signature)	
P. The same title or same	alter and address at the massactic with the Alexandria	ana anthonist to manage Inform	
•	icity and address of the person(s) who has/h	ave authority to manage tware.	\
	uthorized Representitive		
25 Route 111, P.O. Box 3	65, Woodbury, NY 11787		<del></del>
		in a foreign language, a translation of the	
	Cic J Godse		
	Cic of Godas  Signature of an author	rized person	
	l in accordance with section 605,0203 (1) (b) the Department of State constitutes a third Eric J. Godas	), Florida Statutes. I am aware that any fa	
	Typed or printed name	of signer	
	t yped or printed name	of ziRugg	

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

I hereby certify, that CARMASTEPH, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/06/2016, 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 22nd day of November two thousand and sixteen.

Brendan W. Pitzgerald
Executive Deputy Secretary of State

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