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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : Vcorp SERVICES, LLC  
Account Number : I20080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

\*\*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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
Dix Hills Associates, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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

*I hereby certify, that DIX HILLS ASSOCIATES, LLC a NEW YORK Limited Liability Company filed a Certificate of Conversion pursuant to the Limited Liability Company Law on 04/28/1998, 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 DIX HILLS ASSOCIATES, LLC was filed on 07/29/1998.*

*An Affidavit of Publication of DIX HILLS ASSOCIATES, LLC was filed on 07/29/1998.*

*A Biennial Statement was filed 04/06/2000.*

*A Biennial Statement was filed 04/08/2002.*

*A Biennial Statement was filed 04/02/2004.*

*A Biennial Statement was filed 04/19/2006.*

*A Biennial Statement was filed 04/04/2008.*

*A Certificate of Amendment was filed on 12/15/2014.*

*A Biennial Statement was filed 09/19/2016.*

*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 25th day of November  
two thousand and sixteen.*



Brendan W. Fitzgerald  
Executive Deputy Secretary of State

**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. Dix Hills Associates, LLC

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

2. NY

(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. 225 Broadhollow Road, Suite 310W

Melville, NY 11747

(Street Address of Principal Office)

6. 225 Broadhollow Road, Suite 310W

Melville, NY 11747

(Mailing Address)

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

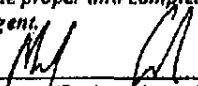
Name: Michael Goodman

Office Address: 1120 East Kennedy Boulevard, Suite 231

Tampa, Florida 33602  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

  
(Registered agent's signature)

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

Michael Goodman, Member, 225 Broadhollow Road Suite 310W, Melville, NY 11747

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)

  
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.

Michael Goodman, Member

Typed or printed name of signee

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