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## COVER LETTER

TO:

EN ECT.	ИСD Properties, LI	LC			
SUBJECT:		Name of L	imited Liability C	Company	
				ntion to Transact Business in leted liability company to trans	
Please return all	correspondence co	oncerning this matter to the f	ollowing:		
	James Morey				
		Na	me of Person		<del></del>
	Bond, Schoenecl	k & King, PLLC			
		Fir	m/Company		
	4001 Tamiami T	rail N, Suite 250			
	Address .				
	Naples, Flordia 3	34103			17 JAN 31 PH 4: 02
		City/St	ate and Zip Code		<u> </u>
	scicci@summiterg			•	P
For further info	emation concerning	E-mail address: (to be used this matter, please call:	for future annual	report notification)	L: 02
James	_	this matter, prease can.	239	659-3813	*
		Contact Person's	at (Area Code	)	umber
Divisio Registi P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314		*	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	ile
	eck for the following 5.00 Filing Fee	ng amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy		g Fee, Certificate ified Copy
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## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. EMCD Properties, LLC	ign Limited Liability Company; must include "L	imited Liability Company ""L.L.C." or "L.L.C.	·
EMCD Properties of Florid		mined Elatinity Company, E.E.C., or Elec	. )
(If name unavailable, enter ale Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacti	ng business in Florida. The alternate name mu	st include "Limited
2 New York	3 47-0	9968057	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4.			
	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. to	, if prior to registration.) o determine penalty liability)	
5. 5112 West Taft Road, S	·		
Liverpool, NY 13088			
	(Street Address of Principal Off	ice)	
6. 5112 West Taft Road, S	Suite M		
Liverpool, NY 13088			
	(Mailing Address)		<u> </u>
7. Name and street addres	s of Florida registered agent: (P.O. Box NC	OT acceptable)	7 J
Name:	James F. MOrey	•	CAHASSE LANASSE
	4001 Tamiami Trail N, Suite 250		SE SE
Office Address:	<u></u>	24102	PH 4: 02
	Naples, (City)	, Florida 34103 (Zip code)	F 05
Registered agent's accep	· •	(Zip code)	<b>8</b>
designated in this applicate to complywith the provision	gistered agent and to accept service of proc tion, I hereby accept the appointment as re ons of all statutes relative to the proper and	gistered agent and agree to act in this cap	pacity. I further agree
accept the obligations of t	my position as registered agent.		
	(Registered agent's	signatura	
•	acity and address of the person(s) who has/ha	ave authority to manage is/are:	
A. John Meroia, Member,	36 Eagle Drive, Jupiter, Florida 33477		
			<del></del>
	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is ubmitted)  Signature of an author	in a foreign language, a translation of the	
	Signature of an author	rized person	
	in accordance with section 605,0203 (1) (b) the Department of State constitutes a third of		
	James F. Morey		

Typed or printed name of signee

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

I hereby certify, that EMCD PROPERTIES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/16/2014, 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 26th day of January two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State SEUSKE TARY OF STATE
TALLIAH ASSEE, TLOSUDA
TALLIAH ASSEE, TLOSUDA

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