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(Requestor's Name)  (Address)  (Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Entry Hume)						
(Document Number)						
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SECRETARY OF STATE FALLAHASSEE FLORIDA

FEB 03 2017 S. YOUNG



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 493987 8051409

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: February 1, 2017

ORDER TIME : 4:07 PM

ORDER NO. : 493987-005

CUSTOMER NO: 8051409

#### FOREIGN FILINGS

NAME: NYFLAPT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

#### **COVER LETTER**

TO:

Registration Section

Div	islon of Corporation	15				
SUBJECT:	NYFLAPT, LLC					
SUBJECT.	···	-				
				tion to Transact Business in Florida, ed liability company to transact busi		
Please return	all correspondence of	oncerning this matter to the	following:			
	Kevin N. Male	k				
	Name of Person					
	Malek Moss PLLC					
	Firm/Company					
	340 Madison Avenue, FL 19					
	Address					
	New York, New York 10173					
	AMERICAN STATE OF THE STATE OF	City <sup>2</sup> S	tate and Zip Code		E Hot	
	kevin.malek@m	alekmoss.com			1 9:0 L	
		E-mail address: (to be used	d for future annual	report notification)	<b>9</b> 京师	
For further in	nformation concernin	g this matter, please call:				
Kevín N. Malek		212 at (	812-1491			
	Name c	of Contact Person	Area Code	Daytime Telephone Number	•	
Div Rej P.C	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	a check for the follow \$125.00 Filing Fee	ing amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	S155.00 Filin Certified Copy	ng Fee & S160.00 Filing Fee, Conf 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:

NYFLAPT, LLC	STATES TO THE STATE OF TEXAMOS.		
(Name of Fore	ign Limited Liability Company; must it	iclude "Limited Liability Company," "L L.C.," or "	a.c.
(If name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpose of "LLC.")	f transacting business in Florida. The alternate name	must include "Limited
2. New York		3.	
(Jurisdiction under the law company is organized)	of which foreign limited liability	3. (FEI number, if applicable)	The same of the sa
4.			
	(Date first transacted business in (See sections 605,0904 & 605,090	n Florida, if prior to registration.) 25, F.S. to determine penalty liability)	
5. 109 W 27th Street, 9th	Floor	• • • • • • • • • • • • • • • • • • • •	
New York, New York	10001		
	(Street Address of Prin	icipal Office)	
6. 109 W 27th Street, 9th	Floor		SET ALL
New York, New York,			AHA AHA
4	(Mailing Add	ressi	A.55 4.55
7. Name and street addres	ş of Florida registered agent: (P.O.	Box NOT acceptable)	띄그
Name:	Corporation Service Company		R 9:
Office Address:	1201 Hays Street		
Office Address.	Tallahassee	. Florida 32301	<i>'</i>
	(City)	. Florida (Zip code)	
designated in this applicate to comply with the provision	gistered agent and to uccept service tion, I hereby accept the appointme ons of all statutes relative to the pro ny position as registered agent.	of process for the above stated limited liabilish as registered agent and agree to act in this oper and complete performance of my duties.  Courtagy W	capacity. I further agree and I am familiar with and filiiarns
	Registred	(Lagent's signature)	esider it
8. The name, title or capa	city and address of the person(s) wh	o has/have authority to manage is/are:	
Mark Shemel, Manager, 1	09 W 27th Street, 9th Floor, New Y	ork, New York 10001	
Sabah Shemel, Officer, 10	9 W 27th Street, 9th Floor, New Yo	ork, New York 10001	
	of which it is organized. (If the certifibrated)	old, duly authenticated by the official having cu ficate is in a foreign language, a translation of t	
	Signature of a	an authorized pelson	
This document is executed submitted in a document to	in accordance with section 605.0202 the Department of State constitutes	3 (1) (b). Florida Statutes, I am aware that any fa third degree felony as provided for in s.817.1	alse information 55, F.S.

Typed or printed name of signee

Sabah Shemel

## State of New York Department of State

**} ss:** 

I hereby certify, that NYFLAPT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/09/2011, 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 31st day of January two thousand and seventeen.

Brendan W. Fitzgerald

**Executive Deputy Secretary of State** 

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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