# M1700000 1186

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ád                     | ldress)            |             |
| (Ac                     | ldress)            |             |
| (Ci                     | ty/State/Zip/Phon  | ∋#)         |
| _                       | _                  |             |
| PICK-UP                 |                    | MAIL        |
| (D)                     | isiness Entity Nar | ne)         |
| (BL                     | unity (vdi         | •           |
| (Do                     | ocument Number)    |             |
| rtified Copies          | Certificate        | s of Status |
| ······                  |                    |             |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         | <u>.</u>           |             |
|                         | Office Use Or      | ıly         |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |



01/19/17--01017--014 \*\*125.00





#### **COVER LETTER**

| TO: | <b>Registration Section</b>     |
|-----|---------------------------------|
|     | <b>Division of Corporations</b> |

Parsons Properties, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Melissa A. Dursi, Esq.

Name of Person

Marshall Socarras Grant, P.L.

Firm/Company

197 S. Federal Highway, Suite 200

Address

Boca Raton, Florida 33432

City/State and Zip Code

cfile@msglaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

|       | Melissa A. Dursi, Esq.        |  | 561<br>at (   | 361-100       | 00   |  |
|-------|-------------------------------|--|---|---------------|--|--|
|       | Name o                        | of Contact Person                                | Area Code   | Day           | time Telephone Number  |  |
|       | MAILING ADDRESS:              |  |   | <b>STREET</b> | ADDRESS:   |  |
|       | Division of Corporations      | 5  |   | Division of   | of Corporations  |  |
|       | Registration Section          |  |   | Registrati    | ion Section  |  |
|       | P.O. Box 6327                 |  |   | Clifton B     | uilding  |  |
|       | Tallahassee, FL 32314         |  | 2661 Executive Center Circle<br>Tallahassee, FL 32301 |               |  |  |
|       |                               |  |   |               |  |  |
| Enclo | sed is a check for the follow | ring amount:                                     |   |               |  |  |
|       | ■ \$125.00 Filing Fee         | □ \$130.00 Filing Fee &<br>Certificate of Status | Certified Copy  | g Fee &       | □ \$160.00 Filing Fee, Certificate<br>of Status & Certified Copy |  |



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2017

MELISSA A DURSI MARSHALL SOCARRAS GRANT, PL 197 S FEDERAL HIGHWAY, SUITE 200 BOCA RATON, FL 33432

SUBJECT: PARSONS PROPERTIES, LLC Ref. Number: W1700004878

, Û : 73 () m AM II: **C**)

We have received your document for PARSONS PROPERTIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable : "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L12000160499.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 617A00001282



www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tailahassee, Florida 32314

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

|  | SINESS IN THE STATE OF FLORIDA:  | JWING IS SUBMITTED TO REGISTER A PORE                          | IGN LIMITED     | LIABILITY      |   |
|--|--|--|-----------------|----------------|---|
| Parsons Properties, LL   | 0  |  |                 |                |   |
| (Name of Fore  | ign Limited Liability Company; must include "L   | imited Liability Company," "L.L.C.," or "LLC.                  | .")             | -              |   |
| Parsons Propertie  |  |  |                 | _              |   |
| (If name unavailable, enter al<br>Liability Company," "L.L.C." | ternate name adopted for the purpose of transacti<br>' or "LLC.")                        | ng business in Florida. The alternate name mus                 | st include "Lin | nited          |   |
| 2. New York  | 3.   |  |                 |                |   |
| (Jurisdiction under the law<br>company is organized)           | of which foreign limited liability   | (FEI number, if applicable)                                    |                 | -              |   |
| 4.   |  |  |                 |                |   |
|  | (Date first transacted business in Florida<br>(Sec sections 605.0904 & 605.0905, F.S. to | , if prior to registration.)<br>o determine penalty liability) |                 |                |   |
| 5. 263 Mine  | ola Boulevard  |  |                 |                |   |
| Mineola, I   | Vew York, 11427<br>(Street Address of Principal Off                                      | u  |                 |                |   |
| <b>•</b> • •   |  | 100)   |                 |                |   |
| 6. <u>P.O. Box</u>   | 50038  | <u>.</u>   |                 |                | 1 |
| Forest Hill  | 5, NY 11375  |  | 17 FI           |                | į |
|  | (Mailing Address)  |  | -               | 認識             |   |
| 7. Name and street addres                                      | <u>s</u> of Florida registered agent: (P.O. Box <u>N</u>                                 | <u>DT</u> acceptable)  | 6-              |                |   |
| Name:  | Marshall Socarras Grant, P.L.  |  | PM              | ONYO<br>OFFICE |   |
| Office Address:  | 197 S. Federal Highway, Suite 200  |  | ÷.              |                |   |
|  | Boca Raton   | , Florida <u>33432</u>   | _               |                | • |
| Desistand agentle error  | (City)   | (Zip'code)   |                 |                |   |

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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:

8 cσX D Yuva acob ata

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)



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.

Yuval Jacob

Typed or printed name of signee

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

I hereby certify, that PARSONS PROPERTIES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/12/2004, 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 PARSONS PROPERTIES, LLC was filed on 07/30/2004.

An Affidavit of Publication of PARSONS PROPERTIES, LLC was filed on 07/30/2004.

A Certificate of Publication of PARSONS PROPERTIES, LLC was filed on 02/15/2008.

Certificate of Change was filed on 11/22/2016.

A Biennial Statement was filed 12/01/2016.

I further certify, that no other documents have been filed by such Limited Liability Company.

. т.

\*\*\*

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 11th day of January two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State