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SUBJECT:	Name of	Limited Liability C	ompany		_
The enclosed "Application by Existence, and check are subm	Foreign Limited Liability Comp	oany for Authorizat	tion to Tran		
Please return all correspondence	ce concerning this matter to the	following:			
JIM SLEZA	K				
	N	ame of Person	-	-	_
MARCHIO	NDA & FERRER, PA				
	F	irm/Company			_
950 CLIFTO	ON AVENUE				
		Address			_
CLIFTON,	NJ 07013				
	City/S	tate and Zip Code		A. 72	_
JSLEZAK@N	MARCHIONDAFERRER.COM	Л		2017 F SEGRI ALLAH	Carlos d
	E-mail address: (to be use	d for future annual	report noti	fication)	— I Į
For further information concer	ning this matter, please call:				m
JIM SLEZAK		973 at (773-411	1 F. CO.	D
Nam	ne of Contact Person	Area Code	Dayt	ime Telephone Number	_
MAILING ADDREST Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 3231	ons		Division o Registratio Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section	
Enclosed is a check for the following \$125.00 Filing Fee		□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, of Status & Certified C	

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:

COMMINENT TO THE MATCH BU	MATERIAL STATE OF TEXAULT.		
1. LET THERE BE WAT			
(Name of Fore	ign Limited Liability Company; must include "Limite	ed Liability Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting b	usiness in Florida. The alternate r	name must include "Limited
2. NEW YORK	3 81-0926	709	
(Jurisdiction under the law company is organized)	ole)		
4. FEBRUARY 3, 2017			
5. 300 CENTRAL PARK	(Date first transacted business in Florida, if p (See sections 605.0904 & 605.0905, F.S. to det WEST, 7A	rior to registration.) ermine penalty liability)	_
NEW YORK, NY 1002	24		
6 300 CENTRAL PARK			
6. NEW YORK, NY 1002	a <u>T</u>		
.	(Mailing Address)	SE:	
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT a	recentable)	
	SETH SIEGEL	increptable)	o D
Name:		<u></u>	<u>1</u>
Office Address:	4344 PHILLIPS HWY		a -
	JACKSONVILLE	, Florida 32207	
Registered agent's accept	(City)	(Zip code)	
Having been named as re designated in this applicat to complywith the provision	gistered agent and to accept service of process tion, I hereby accept the appointment as registerns of all statutes relative to the proper and commy position as refistered agent. (Registered agent's sign	ered agent and agree to act in inplete performance of my dut	this capacity. I further agree
	acity and address of the person(s) who has/have a		
SETH SIEGEL - 300 CEN	NTRAL PARK WEST, 7A, NEW YORK, NY 1	0024 - MANAGING MEMBE	ER
	of existence, no more than 90 days old, duly aut of which it is organized. (If the certificate is in a abmitted)		
	Signature of an authorized	person	

SETH SIEGEL

Typed or printed name of signee

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.

State of New York Department of State } ss:

I hereby certify, that LET THERE BE WATER LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/28/2015, 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 27th day of January two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

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