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(Req	uestor's Name)	<u></u>
(Add	ress)	
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(City.	/State/Zip/Phone	<i>⇒</i> #)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2017

STEPHAINE ENG 33-70 PRINCE ST, STE 702 FLUSHING, NY 11354

SUBJECT: TARPON PLAZA FLORIDA, LLC

Ref. Number: W17000016375

We have received your document for TARPON PLAZA FLORIDA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Octavia I Simmons Regulatory Specialist II

Letter Number: 317A00003667

www.sunbiz.org

COVER LETTER

TO:	egistration Section ivision of Corporations						
SUBJE	TARPON PLAZA, LLC						
55241	Name of Limited Liability Company						
The end Existen	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida						
Please r	rn all correspondence concerning this matter to the following:						
	Stephanie Eng						
	Name of Person						
	Tarpon Plaza, LLC						
	Firm/Company						
	33-70 Prince Street, Suite#702						
	Address						
	Flushing, NY 11354						
City/State and Zip Code							
tarponplaza@gmail.com							
	E-mail address: (to be used for future annual report notification)						
For furt	information concerning this matter, please call:						
	stephanie Eng 917 770-6553						
	Name of Contact Person Area Code Daytime Telephone Number						
	IAILING ADDRESS: Division of Corporations egistration Section O. Box 6327 Clifton Building allahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
Enclose	s a check for the following amount: 1 \$125.00 Filing Fee						

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:

Tarpon Plaza, LLC				
	-	; must include "Limite	d Liability Company," "L.L.C.," or "	LLC.")
Tarpon Plaza Florida, LLo				
(If name unavailable, enter al Liability Company," "L.L.C,"		rpose of transacting b	usiness in Florida. The alternate name	e must include "Limited
2. State of New York		3. 81-4619		
(Jurisdiction under the law company is organized)	of which foreign limited liabilit	у ——	(FEI number, if applicable)	
4. March 1, 2017				
	(Date first transacted by (See sections 605.0904 &	usiness in Florida, if p . 605.0905, F.S. to det	rior to registration.) ermine penalty liability)	
5. 33-70 Prince Street, Su	iite #702			-
Flushing, NY 11354				
	(Street Addres	s of Principal Office)		•
6. 48-54 189th Street				
Fresh Meadows, NY 1	1365			
	(Mai	ling Address)		73
7. Name and street address	ss of Florida registered agent	: (P.O. Box <u>NOT</u> a	cceptable)	
Name:	Junichi Matsumoto		·	P
Office Address:	1534 Amnesty Drive			: 22
	North Port		, Florida 34288	, ,
	(City	y)	(Zip code)	•
designated in this applica to complywith the provisi	gistered agent and to accept tion, I hereby accept the app	pointment as registe the proper and con	for the above stated limited liabil cred agent and agree to act in this aplete performance of my duties,	s capacity. I further agree
	- Carrier (R	tegistered agent's sign	ature)	
9 The name title or can	acity and address of the perso	an(e) who has/have :	withority to manage is/are	
Stephanie Eng, Managing	•	mas mas nave c	amorny to manage is ac.	
33-70 Prince Street, Suite				
Flushing, NY 11354				
Tidshing, NT 11554		_ -		
	of which it is organized. (If tuber to the control of the control		henticated by the official having of foreign language, a translation of person	
This document is executed			orida Statutes. I am aware that any	false information
			ee felony as provided for in s.817.	

Typed or printed name of signee

Stephanie Eng

State of New York Department of State } ss:

I hereby certify, that TARPON PLAZA, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/07/2016, 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 07th day of March two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

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