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TO:

Registration Section

Div	ision of Corporation	IS						
SUBJECT:	Cuttone & Company	, LLC						
	Name of Limited Liability Company							
					act Business in Florida," Certificate o ompany to transact business in Florida			
Please return	all correspondence of	oncerning this matter to the	following:					
	Annette Scuteri							
		Name of Person						
	Cuttone & Company, LLC							
	Firm/Company							
	97 Main Street, Suite 201							
	Address							
	Chatham, NJ 07928							
	City/State and Zip Code							
	ascuteri@cuttone	com						
		E-mail address: (to be used for future annual report notification)						
For further i	nformation concerning	g this matter, please call:						
Do	nato A. Cuttone,		646 at (943-5400				
	Name o	f Contact Person	Area Code	Daytin	ne Telephone Number			
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: \$\Bigsim \text{\$\frac{1}{2}\$} 130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	_	\$160.00 Filing Fee, Certificate of Status & Certified Copy			



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2017

ANNETTE SCUTERI 97 MAIN STREET, SUITE 201 CHATHAM, NJ 07928

SUBJECT: CUTTONE & CO., LLC Ref. Number: W17000002978



We have received your document for CUTTONE & CO., 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):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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: 617A00000768



FLORIDA DEPARTMENT OF STATE Division of Corporations

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Jenna D Harris Regulatory Specialist II

Letter Number: 617A00000768

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: Cuttone & Co LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") New York (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 12/29/2016 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 11 Wall Street, Trading Floor New York, NY 10005 (Street Address of Principal Office) 97 Main Street, Suite 201 Chatham, NJ 07928 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Michael Mascitelli Name: 4440 PGA Boulevard, Suite 600 Office Address: Palm Beach Gardens , Florida 33410 (Zip code) (City) 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 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Donato A. Cuttone, President CEO, 11 Wall Street, Trading Floor, New York, NY 10005 Donato J. Cuttone, Sr. Managing Director, 11 Wall Street, Trading Floor, New York, NY 10005 Joseph C. Cuttone, Sr. Managing Director, 11 Wall Street, Trading Floor, New York, NY 10005 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) Signature of an authorized person 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 CUTTONE & CO., LLC (BD) a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/21/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment CUTTONE & CO., LLC (BD), changing its name to CUTTONE & COMPANY, LLC, was filed 10/04/2016.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 25th day of January two thousand and seventeen.

Brendan W Fitzgerald

Brendan W. Fitzgerald

Executive Deputy Secretary of State