3/29/2017

Division of Corporations



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Foreign Limited Liability Company Quogue Services, LLC

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Help

APPLICATION BY FUREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

, Quogue Services, LLC	BUSINESS IN THE STATE OF FLORIDA: C			
(Name of Fo	reign Limited Liability Company; must include "I	Limited Lisbility Company	',' "L.L.C.,' or "LLC.")	
(If name unavailable, enter a	elternate name adopted for the purpose of transact	ing business in Plorids. T	ne alternate name must inc	olude "Limited
2 Delaware				
(Jurisdiction under the law company is organized)	v of which foreign limited liability	(FEI numba	r, if applicable)	···
Not applicable.	•			
· ·	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. I	, if prior to registration.) o determine penalty liabili	ly)	
5. 101 Central Park Wes	st, Suite 1F			
New York, NY 10023	1	•		
	(Street Address of Principal Off	ico)		
6. 101 Central Park West	, Suite IF			AR P
New York, NY 10023				29
	(Mailing Address)			<u> </u>
7. Name and street address	ss of Florida registered agent: (P.O. Box NO	OT_acceptable)		₹ 88
Name:	C T Corporation System	······································	•	9.
Office Address:	1200 South Pine Island Road			co =
`	Plantation	, Florida	324	
· ·	(City)		(Zip code)	•
designated in this applica to complywith the provisi accept the obligations of i	gistored agent and to accept service of proceedion, I heroby accept the appointment as regions of all statutes relative to the proper and my position as registered agent. C T Corporation System By:	istered agent und agre- complete performance Wkgoo	e to act in this capacity of my duties, and I am Judith Arge Vice Presider	. I further agree familiar with and Y
	(Registered agent's s	ighture)	and Assistant Sec	retary
8. The name, title or cana	ucity and address of the person(s) who has/ha	ve authority to manage i	ls/are:	
	gement, LLC, Managing Member	•		
101 Central Park West, St	lite 1F			
New York, NY 10023		_		
	· · · · ·	n a foreign language, a t		
	Disa G Filling	dhe -		
	Signature of an authoriz	ted person		
	in accordance with section 605,0203 (1) (b), the Department of State constitutes a third do			rnation ·

Lisa J. Falenski, Authorized Person

Typed or printed name of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUOGUE SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

11:

6230967 8300 SR# 20172097244



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Date: 03-29-17