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Division of Corporations

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From:

Account Name : JAMES A. SCHMIDT, P.A.

Account Number : I2012000088 Phone : (813)250-3700 : (813)250-3701 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MGoodman@sherwoodlumber.com

Foreign Limited Liability Company EAJAM ASSOCIATES, LLC

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

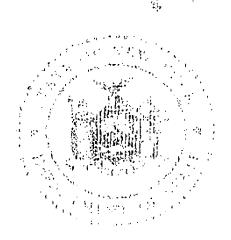
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. EAIAM ASSOCIA	TES. LLC			
	ign Limited Liability Company;	must include "Limited Lia	bility Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the pur	pose of transacting busines	s in Florida. The alternate name	me must include "Limited
2. NEW YORK		3. <u>3560185</u>		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)
4	(Upon Registrat (Date first transacted bu (See sections 605,0904 &	siness in Plorida, if prior to	o registration.) e penalty liubility)	_
5225 BROADHOL	LOW ROAD, SUITE 310	OW, MELVILLE, NE	EW YORK 11747	- •
				2011 STA
	(Street Address	of Principal Office)	·	- 55 % T
6. <u>225 BROADHOL</u>	LOW ROAD, SUITE 31	OW. MELVILLE. NE	EW YORK 11747	FILE 2011 APR 28 TAECRETASS
	(Muili	ng Address)		一門王门
7. Name and street address	s of Florida registered agent:	(I'.O. Box NOT accept	able)	FL ST G
Name:	JAMES A. SCHMID		,	REAL ST
	742 SOUTH VILLAG		_	V
Office Address:		LUMBE	- 37606	
	TAMPA (City)		_, Plorida <u>33606</u> (Zip code)	_
designated in this applicat to complywith the provision	gistered agent and to accept to ion, I hereby accept the appe ns of all statutes relative to t ny position as registered agen	intment as registered a he proper and complete	gent and agree to uct in th	ility company at the place is capacity. I further agree s, and I am familiar with and
8. The name, title or capa	city and address of the porson	(s) who has/have author	ity to manage is/are:	
MICHAEL GOODA	AAN (Manager)			
225 BROADHOLL	OW ROAD, SUITE 310	<i>N</i> ,		
MELVILLE, NEW	YORK 11747			
9. Attached is a certificate of jurisdiction under the law of the translator must be su		tlays old, duly authentic cortificate is in a foreign up of an authorized person	m language, a translation o	custody of records in the f the certificate under oath
This document is executed submitted in a document to	in accordance with section 60 the Dopartment of State cons	titutes a third degree feld	Statutes, I am aware that any ony as provided for in s.817	y false information .155, F.S.
	JAME	A. SCHMIDT		-
	••	441		
	(((:::	(17000096378 3)))		

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State of New York Department of State } ss:

I hereby certify, that EAJAM ASSOCIATES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/24/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department.



FILED 2017 APR 28 AM 8: 56 SEURETARSEE, FLORIDA

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 20th day of April two thousand and seventeen.

Brendan W. Fitzgerald

(((H17000096378 3))) Executive Deputy Secretary of State