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MAY 1 9 2017

### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

San Sherri Partners	LLC		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
		}	Annual Report / Reinstatement
			Сеп. Сору
			Photo Copy
	•		Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
		}	Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
		{	Vehicle Search
			Driving Record
Requested by: SETH	05/17	}	UCC 1 or 3 File
Name		Time	UCC 11 Search
Maille	Date	THE	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT. San Sherri Partners LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Robert Melamed, Esq.					
Name of Person					
Firm/Company					
1502 Kings Highway					
Address					
Brooklyn NY 11229					
City/State and Zip Code					
robert@melamed-law.com					
E-mail address: (to be used for future annual report notification)					

For further information concerning this matter, please call:

Robert Melamed

<sub>at</sub> 718 375-507

Name of Contact Person

Area Code

Daytime 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

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

\$160.00 Filing Fee, Certificate of Status & Certified Copy

### 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:

name uravailable, enter alternate name				
	adopted for the purpose of transacting business in F	lorida. The alternate name	must include "Limited L	isbility Company," "L.L.C," or "LLC.")
New York		3.		
(Jurisdiction under the law of which	foreign limited liability company is organized)	J	(FE nu	mber, if applicable)
	(Date first transected business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	o registration ) nine penalty liability)		
2564 Bedford Avenue		6. Same		
(Street Address of Princi	pal Office)		(Mailing At	kiress)
Brooklyn NY 11226				
		<del></del>	<del></del>	
Name and stoom add	CPL U I I	NOT		
rvame and <u>street address</u> o	f Florida registered agent: (P.O. Bo		)	
Name:	Larlos D. Lerr	nan		· · · · · · · · · · · · · · · · · · ·
Office Address:	26 1 Holly wood	Blud		FIG. 3
	hall	<del>'</del>	73	NON EUS E
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gistered agent's accepton	(City)		(Zip co	**) 응급 두
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lanatad in thic anniloation	I handly assent the appropriate	process for the an	ove statea timite	a naouny company at the place
ngnaiea in inis appacation	, I hereby accept the appointment t	is registerea agent	anu agree to ac	t in this capacity. I juriner ag
comply with the provisions	of all statutes relative to the proper	r and complete per	formance of my	duties, and I am familiar wit
d accept the obligations of	my position as registered agant (			
	to (1)1			
	4.4			
	(Registered agent's	signature)		
			ananaga ir/aras	
The name, title or capacity	and address of the person(s) who h	as/have authority to	o manage isoure.	
The name, title or capacity <u>Title or Capacity:</u>	and address of the person(s) who have and Address:	as/have authority to Title or Car		Name and Address:
The name, title or capacity <u>Title or Capacity:</u> Manager	Name and Address: Alfred Sayegh			Name and Address:
Title or Capacity:	Name and Address:			Name and Address:
Title or Capacity:	Name and Address: Alfred Sayegh			Name and Address:
Title or Capacity:	Name and Address: Alfred Sayegh 2564 Bedford Avenue			Name and Address:
Title or Capacity:	Name and Address: Alfred Sayegh 2564 Bedford Avenue			Name and Address:
Title or Capacity:	Name and Address: Alfred Sayegh 2564 Bedford Avenue			Name and Address:
Title or Capacity: Manager	Name and Address: Alfred Sayegh 2564 Bedford Avenue Brooklyn NY 11226			Name and Address:
Manager  See attachments if necessary	Name and Address: Alfred Sayegh 2564 Bedford Avenue Brooklyn NY 11226	Title or Cnr	oncity:	
Title or Capacity:  Manager  se attachments if necessary	Name and Address: Alfred Sayegh 2564 Bedford Avenue Brooklyn NY 11226	Title or Car	by the official h	aving custody of records in the
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# State of New York Department of State } ss

I hereby certify, that SAN SHERRI PARTNERS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/14/2017, 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 16th day of May two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

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