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SECRETARY OF STATE

K. SALY JUN - 8 2017

COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT: Eldermusik, 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:

Lee Feldman
Name of Person
Eldermusik, LLC
Firm/Company
555 Kappock Street, #6D
Address
Bronx, NY 10463
City/State and Zip Code
socialname@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lee Feldman

<u>,</u>917

688-8737

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:

lusic For Life, LLC	;			
	name adopted for the purpose of transacting business in Flor			Liability Company," "L.L.C," or "LLC.")
New York		3. <u>81-47</u>		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI nı	ımber, if applicable)
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ne penalty liability)		 _
555 Kappock Str	eet #6D	₆ 555 K	appock Stree	et #6D
(Street Address of Principal Office)			(Mailing A	
Bronx, NY 10463	<u> </u>	Bronx	, NY 10463	
				28 2
				元章 み
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptab	le)	SEGO Z
Name;	Lee Feldman			7.00
name;				0,5
Office Address:	c/o Genuity, 429 Seabreeze Blvd., S	Suite 10		
				ा र
	Fort Lauderdale		Florida 33316	
aving been named as re signated in this applice comply with the provis	(City)	process for the a s registered age	above stated limit ent and agree to a	ct in this capacity. I further as
aving been named as resignated in this applicated in this application comply with the provis	(City) otance: egistered agent and to accept service of p ation, I hereby accept the appointment as- cions of all statutes relative to the proper as of my position as registered agent.	orocess for the a s registered age and complete p	(Zip above stated limit ent and agree to a	ed liability company at the place ct in this capacity. I further ag
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Typed or printed name of signee

Lee Feldman

State of New York Department of State } ss:

I hereby certify, that ELDERMUSIK, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/02/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of ELDERMUSIK, LLC was filed on 02/08/2017.

I further certify, that no other documents have been filed by such Limited Liability Company.



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SECRETARY OF STATE
ASSEE, FLORIDA

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

Brendan W. Fitzgerald

Executive Deputy Secretary of State