## HUPPODDONIM

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:  1332.SD WI7-4469  Gliali7  Per Suketu Pakel Add him as Podisregard attachment.					

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SECRETARY OF STATE

S. WARREN JUN 1 2 2017



May 25, 2017

SUKETU PATEL 1817 HYLAN BLVD STATEN ISLAND, NY 10305

SUBJECT: OCEAN BREEZE ASSOCIATES, L.L.C.

Ref. Number: W17000044695

We have received your document for OCEAN BREEZE ASSOCIATES, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1332.50.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 217A00010603

## **COVER LETTER**

TO:

SUBJECT:

Registration Section Division of Corporations

OCEAN BREEZE ASSOCIATES, L.L.C

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:

SUKETU PATEL

Name of Person

OCEAN BREEZE ASSOCIATES, L.L.C

Firm/Company

1817 HYLAN BLVD

Address

STATEN ISLAND, NY 10305

City/State and Zip Code

SPATEL@OCEANBREEZEPHARMACY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUKETU PATEL

<sub>at (</sub> /18

987-2525

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:

1. OCEAN BREEZE A	SSOCIATES, L.L.C Limited Liability Company, must include "Limited	l Liabili	ty Company," "L.L.C.," or "LLC."	)
	ame adopted for the purpose of transacting business in Flor			bility Company," "L.L.C," or "LLC.")
2. NEW YORK		3	N/A	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI num	ber, if applicable)
4 <b>C</b>	106/21/80			
	(Date first transacted business in Florida, if prior to n (See sections 605.0904 & 605.0905, F.S. to determine	egistratio se penalty	n.) · liability)	
5 1817 HYLAN BLVD	•	6	1817 HYLAN BLVD	₩ <b>-</b>
(Street Address of	Principal Office)	U.	(Mailing Add	ress)
STATEN ISLAN, N	/ 10305		STATEN ISLAND, NY	10305 全部 💆 🔃
				S S S
<b>-</b>				
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT	acceptable)	FIS E
Name:	Corporation Secure	CoMI	nani J	0
414174	Corporation Service Company			85 <b>5</b>
Office Address:	1201 Hays Street			> 1
			- 2030	CI.
	Tallahassee		, Florida <u>3230</u>	)   
Registered agent's accep	tance:		(z.p cou	e)
	gistered agent and to accept service of p	rocess	for the above stated limited	l liability company at the place
designated in this applica	tion, I hereby accept the appointment as	regist	ered agent and agree to act	in this capacity. I further agree
to comply with the provisi	ions of all statutes relative to the proper i	and co	mplete performance of my	duties, and I am familiar with
and accept the obligation.	s of my position as registered agent.		_	
	( an other	1/		
	(Registered agent's si	ynature)		<del></del>
		` ر`		
-	acity and address of the person(s) who has			
Title or Capacity:	Name and Address:	<u>T</u>	itle or Capacity:	Name and Address:
ρ	Sukatu Dotal			
	BYIT HULON BLVOL	_		
	Staten Island My	330	<b>b</b>	
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		_		
(Use attachments if neces	sarv)			
(+				
	of existence, no more than 90 days old, d			
	of which it is organized. (If the certificate	is in a	foreign language, a translati	ion of the certificate under oath
of the translator must be su	ibmitted)			
	XV XX			
	Signature o	f an auth	prized person	
	_		•	
	uted in accordance with section 605.0203			
submitted in a document to	the Department of State constitutes a thir	d degr	ee relony as provided for in s	s.817.155, F.S.

Typed or printed name of signee

SUKETU PATEL

## State of New York Department of State } ss:

I hereby certify, that OCEAN BREEZE ASSOCIATES, L.L.C. a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/25/2006, 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