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### Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850) 617-6383

From:

Account Name : ALLSTATE CORFORATE SERVICES CORP Account Number : 120040000031 Phone : (800)906-9220 : (800)906-9880 Fax Number

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S. WARREN

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Corporate Filing Menu Electronic Filing Menu

#### COVER LETTER

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TO:

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**Registration Section** 

Division of Corporations
UBJECT: PZ PROPERTIES, LLC
Name of Limited Liability Company
he enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ixistence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
lease return all correspondence concerning this matter to the following:
Allstate Corporate Services Corp.
Name of Person
1222 Avenue M, Suite 301
Firm/Company
Address
Brooklyn, NY 11230
City/State and Zip Code
filing@acs123.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Naomi Ostopowitz800906-9220
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

Enclosed is a check for the following amount: S125.00 Filing Fee Status Certificate of Status Certified Copy of Status & Certified Copy

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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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

#### 1 PZ PROPERTIES, LLC

f name unavailable, enter alternate name adopted for the purpose iability Company," "L.L.C," or "LLC.")	of tran	secting business in Fiorida. The alternate name must include "Limit
NEW YORK	3	N/A
(Jurisdiction under the law of which foreign limited liability company is organized)	_ 2.	(FEI number, if applicable)
UPON REGISTRATION		
(Date first transacted busine (See sections 603.0904 & 605.0	ss in F1 0905, P	orida, if prior to registration.) .S. to determine penalty liability)
179-02 Kildare Road, Jamaica	, Ne	ew York 11432
		f Principal Ottice)
179-02 Kildare Road, Jamaica	, Ne	ew York 11432
()	Mailing	(Address)
	-	
7. The name, title or capacity and address of the	perso	on(s) who has/have authority to manage is/are:
Yuwal Jacob Manager 179-02 Kil	dare	e Road, Jamaica, New York 11432

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person <u>:::</u>,: (In accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts grated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 817 35, F.S.) 10 STEVEN WEISS, AUTHORIZED PERSON Typed or printed name of signee PA ö دت

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

PZ PROPERTIES, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
3275 WHP Realty, LLC	

2. The name and the Florida street address of the registered agent and office are:

Solutions, Inc.	H-1L 1.27	
(Namo)		
Dr., Suite A		
Florida Stree: Address (P.O. Box NOT ACCEPTABLE)		
FL 32301		
City/State/Zip		
	(Name) Dr., Suite A (P.O. Box NOT ACCEPTABLE) 	

1.1

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

STEVEN WEISS, ASSISTANT SECRETARY ON BEHALF OF REGISTERED AGENT SOLUTIONS, INC.

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

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

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I hereby certify, that PZ PROPERTIES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/12/2004, 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 P2 PROPERTIES, LLC was filed on 02/28/2008.

The Biennial Statement is past due.

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



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Witness my hand and the official seal of the Department of State at the City of Albany, this 26th day of July two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

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