001700001m

(Re	equestor's Name)	
(Ād	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



300302514063

A CONTRACT OF THE CONTRACT OF

08/18/17--01006--011 **130.00

ALCONOMICS OF THE STATE OF THE

S. WARREN AUG 1 8 2017

COVER LETTER

TO:

Registration Section

Division of Corporations			
UBJECT: East Quoque Development, LLC Name of Limited Liability Company			
he enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cer existence, and check are submitted to register the above referenced foreign limited liability company to transact business	tificate of in Florida.		
lease return all correspondence concerning this matter to the following:			
Carolyn S. Parlato			
Name of Person			
East Quoque Development, LL	7		
Firm/Company			
1529 (nesturew Are.			
Address			
Lallahassee, FL 32303			
City/State and Zip Code			
Carolynparlatera yahoo. Con			
E-mail address: (to be used for future annual report notification)			
or further information concerning this matter, please call:			
Carolin S. Parloto 111 850, 727-8357			
Name of Contact Person Arca Code Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Division of Corporations			
Registration Section Registration Section			
Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
oclosed is a check for the following amount:			
□ \$125.00 Filing Fee UV \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy of Status & Certified Copy	ate		

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

IN COMPLIANCE WITH SECTION &56002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO I COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	REGISTER A FOREIGN LIMITED LIABILITY
1. East Chague Development, L.C. (Name of Foreigh Limited Liability Company: "L.L.C.," or "	"II.C.")
(If name mavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lin	mited Liability Company," "L.L.C," or "L.L.C.")
2. New York State 3.	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	17
5. 1529 Cresturew Ave. 6. Same	5 2
La Ola La 1102 FL	lling Address)
32303	<u> </u>
7. Name and <u>street address</u> of Florida registered agent: (P.O. Rox <u>NOT</u> acceptable)	물로 물
Name: Carela S. Parlato	Ş .
15-200 C + - 1.0	
Office Address: 1549 Crestories 1944.	
Sallahassee , Florida E	<u>32303</u>
Registered agent's acceptance:	(Zip code)
Having been named as registered agent and to accept service of process for the above stated le	imited liability company at the place
designated in this application, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete performance of	to act in this capacity. I further agree of my duties, and I am familiar with
and accept the obligations of my position as registered agent.	,,
Carof S. Parlato	
(Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is	/are:
Title or Capacity: Name and Address: Title or Capacity:	Name and Address:
unaling Member Carely S. Parlato	
Jallahassel, it	
32303	
	- <u>-</u> -
(Use attachments if necessary)	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the office	stal basins anatode of account to a
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a tr	anslation of the certificate under oath
of the translator must be submitted)	
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S.
Carola L. Parlat	
Signature of an authorized person	
CAROVYN S PADIATA	
Typed or printed name of signee	

State of New York Department of State } ss:

I hereby certify, that EAST QUOGUE DEVELOPMENT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/11/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department.

转转符

WITNESS my band and the official seal of the Department of State at the City of Albany, this 09th day of August 1wo thousand and seventeen.

And S

Brendan W. Fitzgerald Executive Deputy Secretary of State