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COVER LETTER

TO: **Registration Section** Division of Corporations

Granite Associates Management, LLC ____

SUBJECT:

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:

Donna Colavite)					
·,	N	ame of Person	······			
Granite Associ	ates, LP					
	. F	irm/Company		<u> </u>		
One Cablevisio	n Center, P.O. Box 311					
	· · · · · · · · · · · · · · · · · · ·	Address		 .	•	
Liberty, NY 12	2754					
<u>-</u>	City/S	tate and Zip Code			2211	
dcolavito@grani	telp.com			-	191	'ī]
For further information concernin	E-mail address: (to be used g this matter, please call:	d for future annual	report notification)	, , , , , , , , , , , , , , , , , ,	ci 02 AGN (122	
Donna Colavito		845 at (295-2763	<u>1</u> ' :		J
Name o	f Contact Person	Area Code	Daytime Telephone Numb	er.	പ	
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 follow \$125.00 Filing Fee	ing amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee & . 🗇 \$160.00 Filing Fee of Status & Certified		ate	

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	Granite Associates Management, LLC
••	

	ame adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LUC.
Delaware		3. 13-4192760	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		namber, if applicable)
·			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.) ino penalty liability)	
One Cablevision Cent		6. One Cablevision Center	, P.O. Box 311
(Street Address of) Liberty, NY 12754	niscipal Otlice)		Address)
Liberty, 141 (2754	······································	Liberty, NY 12754	<u> </u>
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	United Corporate Services, Inc.		
Office Address:	9200 South Dadeland Blvd, Suite 508		
Office Address:	9200 South Dadeland Blvd, Suite 508 Miami	Florida 33156	
Registered agent's accep	Miami (City) tance:		code)
Registered agent's accep laving been named as re- lesignated in this applica o comply with the provisi nd accept the obligation	Miami (City)	(Zip process for the ubove stated limi s registered agent and ugree to and complete performance of n Complete performance of n	ted liablity company at the act in this capacity. Fjurthe ny duties, and I am fomilian
Registered agent's accept laving been named as re- lesignated in this applica to comply with the provision and accept the obligation 3. The name, title or capt	Miami (City) tance: gistered agent and to accept service of f tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. (Registered agent) acity and address of the person(s) who has	(Zip process for the above stated limi s registered agent and agree to and complete performance of n and complete performance of n shoushing agent shoushing agent shoushing agent as/have authority to manage is/ard	ted liability company at the act in this capacity. Ffurthe ny duties, and I am fomiliar
Registered agent's accept laving been named as re- lesignated in this applica to comply with the provise and accept the obligation 3. The name, title or capt <u>Title or Capacity:</u>	Miami (City) tance: registered agent and to accept service of f tion, I hereby accept the appointment a tions of all statutes relative to the proper s of my position as registered agent. (Registered agent) acity and address of the person(s) who have <u>Name and Address</u> ; <u>Keith Suchnholz</u> <u>c/o Granite Associates, I.P</u>	(Zip process for the above stated limi s registered agent and agree to and complete performance of n and complete performance of n shoushing agent shoushing agent shoushing agent as/have authority to manage is/ard	ted liability company at the act in this capacity. Ffurthe ny duties, and I am fomiliar
Registered agent's accept laving been named as re- lesignated in this applica to comply with the provise and accept the obligation 3. The name, title or capt <u>Title or Capacity:</u>	Miami (City) tance: gistered agent and to accept service of <i>j</i> tion, <i>I</i> hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. (Registered agent) acity and address of the person(s) who has <u>Name and Address</u> ; Keith Suchnholz	(Zip process for the above stated limit s registered agent and agree to and complete performance of n struanto) as/have authority to manage is/are <u>Title or Capacity:</u>	ted liability company at the act in this capacity. Ffurthe ny duties, and I am fomiliar

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation 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. 1 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.

nolai <u>t</u>U

Signature of an authorized person

Donna Colavito

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GRANITE ASSOCIATES MANAGEMENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRANITE ASSOCIATES MANAGEMENT, LLC" WAS FORMED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

UZ AGH HSZ Ð



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SR# 20176927988 You may verify this certificate online at corp.delaware.gov/authver.shtml

1, Secretary of State

Authentication: 203513550 Date: 11-03-17