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## Sheryl S. Goldman Attorney at Law

November 22, 2017

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FI 32301

Re: Blackman Plumbing Supply Company, Inc.

Document#F15000004726

Blackman Plumbing Supply Co., LLC

Dear Sir/Madam:

Enclosed please find an Application By Foreign Corporation For Withdrawal of Authority to Transact Business or Conduct Affairs in Florida for Blackman Plumbing Supply Company Inc. and the \$35 filing fee.

Also, enclosed please find an Application By Foreign Limited Liability Company For Authorization to Transact Business for Blackman Plumbing Supply Co., LLC. Please file this application **simultaneously** with the withdrawal indicated above. Also, enclosed is the Certificate of Existence for Blackman Plumbing Supply Co., LLC in their home state of Delaware, and the \$125 fee for filing the application and Designation of Registered Agent.

Based upon the enclosed information, please file both documents and send this office the filing receipts.

Thank you in advance for your cooperation in this matter.

Very truly yours,

Sheryl S. Goldman

SSG:jf Enclosures

Ce: Blackman Plumbing Supply Company

#### COVER LETTER

TO:		ration Section n of Corporation	s					
SUBJE	Bl FCT:	ackman Plumbing	Supply	Co., LLC				
.,01,,1	··· —		1	Name of	Limited Liability (	Company		_
							ansact Business in Florida y company to transact bus	
Please	return all	correspondence c	once <b>r</b> ni 	ng this matter to the	following:		1	
		Sheryl S. Goldn	ıan					
				N	ame of Person	-		_
		Sheryl S. Goldn	nan, Es	<b>q</b> .				
				F	irm/Company			_
•		120 Hicksville I	₹d					
			1		Address			<del></del>
		Bethpage, NY	11714					
			•	City/S	State and Zip Code			_
		sheryl@tepedino	.com					
			E-mai	l address: (to be use	d for future annual	l report no	tification)	<del>_</del>
For fur	ther infor	mation concerning	, this m	atter, please call:				
	Sheryl	S. Goldman	ļ		516 at (	683-11	44	
		Name of	Conta	et Person	Area Code	Day	ytime Telephone Number	_
	MAIL	ING ADDRESS:	. 1			STREE	다 ADDRESS: 그리	
	Divisio	n of Corporations				Division	of Corporations	• 1
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Enclose		eck for the followi 5.00 Filing Fee	□ \$13	unt: 0.00 Filing Fee & icate of Status	□ \$155,00 Filit Certified Copy	ng Fee &	☐ \$160.00 Filing @e. of Status & Certified Co	

### 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.	Blackman Plumbing Su					
	(Name of Foreign	Limited Liability Company	r; must include "Limited	Liability C	Company," "L.L.C.," or "LLC.")	
710	nama unavailable, anter alternate a	manufactured for the arms of the	demonstrate baselines in 171.	Ma The obser		elity Company," "L.1. C," or "LLC,")
	Delaware	nic adopted for the purpose of	transacting business in Pro-		nate name must include "Limited Lian	enty Company, "L.L.C., or "L.L.C.,")
2	(Jurisdiction under the law of wh	ich foreign limited hability con	npany is organized)	3	(FHI numb	er, if applicable)
	Davambart 2017					
-4	December1, 2017	(Date first transacted bus	aness in Florida, if prior to i	egistration.)	<u> </u>	<del></del>
	000 Sulvan Ava	(See sections 605,0904 &	& 605,0905, F.S. to determin		•	
5.	900 Sylvan Ave (Street Address of P	rincipal Office)		6. <u>9</u>	00 Sylvan Ave (Mailing Addre	ess)
	Bayport, NY 11705	4	<del>_</del>	В	ayport, NY 11705	
		1				
7.	Name and street addres	s of Florida registered	l agent: (P.O. Box	NOT acc	ceptable)	
•	Name:	Diane C. Nardone				
	• •	1 1150 Sand Drift Wa	v Unit D			
	Office Address:	1130 Sand 13 III Wa	y, Om 12	<del></del>		
		West Palm Beach			, Florida 33411 (Zip code	
R	egistered agent's accept	ance:	(Cny)		(Zip code	•)
H	aving been named as re	sistered agent and to	accept service of p	rocess for	r the above stated limited	liability company at the place
- de - to	signated in this applical comply with the provisi	on, I hereby accept to ons of all statutes reli	the appointment as ative to the proper	registere and comi	ed agent and agree to act i whete performance of my o	in this capacity. I further agre luties, and I om familiar with
	d accept the obligations				nere perjoranance by my a	mica, una i uni jamiliar mini
			and May	don	<i></i>	بت
			(Registered agent's s	ignature)	<del></del>	
8.	The name, title or capa	city and address of th	e person(s) who ha	s/have aut	thority to manage is/are:	
	Title or Capacity:	Name and	-		or Capacity:	Name and Address:
	managing member &	Robe <del>ți</del> Mar	nnheimer			-2i
	tox mothers part	57 Percy W	/illiams Dr.	<del></del> .	·	1:3
		<u>East Islip, N</u>	NY 11730	-	<del>.</del>	<u></u>
						0
				•		
J)	Jse attachments if necess	ary)			ı	
9.	Attached is a certificate	of existence, no more	than 90 days old, o	iuly authe	enticated by the official har	ving custody of records in the
jui of	risdiction under the law c the translator must be su	of which it is organize	d. (If the certificate	is in a fo	reign language, a translati	on of the certificate under oath
٧.	the dunisiated mass of ste	il il				
10	This document is execu	ited in accordance wit	th section 605.0203	(1) (b), F	Torida Statutes, I am aware	that any false information
Sui	ounted in a document to	the Department of St	ate constitutes a thi		felony as provided for in s	
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		<u> </u>	Signature o	n an authori <i>t</i> e	си реткоп	ما . ـ
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		7	Typed or	printed name	of signee	<u> </u>

## Delaware The First State

I, JEFFREY W: BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BLACKMAN PLUMBING SUPPLY CO., 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLACKMAN PLUMBING SUPPLY CO., LLC" WAS FORMED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2017.

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

器引 From 28 ロー2:00

Jeffrey W. Butlock, Secretary of State

Authentication: 203597523

Date: 11-17-17

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