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December 27, 2017

GLORIA WERLE 400 BROADHOLLOW RD SUITE 305 MELVILLE, NY 11747

SUBJECT: NAPOLI SHKOLNIK PLLC Ref. Number: W17000101712

We have received your document for NAPOLI SHKOLNIK PLLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional limited liability company. An accepatable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of 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.

Letter Number: 817A00026150

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section



	Registration Section Division of Corporations		
SUBJEC	NAPOLI SHKOLNIK PLLC		
SOBJEC		f Limited Liability Company	
		npany for Authorization to Transact Business in Florida," Certificate or renced foreign limited liability company to transact business in Floric	
Please ret	urn all correspondence concerning this matter to the	e following:	
	GLORIA WERLE		
		Name of Person	
	NAPOLI SHKOLNIK PLLC		
		Firm/Company	
	400 BROADHOLLOW ROAD, SUITE I	05	
		Address	
	MELVILLE, NY 11747		
	City	State and Zip Code	
	spritchard@napolilaw.com		
	E-mail address: (to be us	ed for future annual report notification)	
For furthe	er information concerning this matter, please call:		
	Gloria Werle	at ()	
-	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	

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee &

Certificate of Status

Tallahassee, FL 32301

□ \$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 COMPILANCE WITH SECTION 605 0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TLAITTED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

NAPOLI SHKOLNIK			
(Name of Foreign	Limited Liability Company, must include "Limite	ed Liability Company," "L.L.C.," or "LLC.	.")
name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited I	Liability Company," "L. L. C," or "LEC.")
State of New York		3. 47-5091828	
(Jurisdiction under the law of wi	hich foreign limited liability company is organized)	(FEI nu	imber, if applicable)
12/1/17			
	(Date first transacted business in Florida, it prior to (See sections 605 0904 & 605,0905, F.S. to determ	o registration.) nine penalty liability)	
2665 S. Bayshore Driv	re #220	6. 400 Broadhollow Road, S	Suite 305
(Street Address of F	•	(Mailing A	ddress)
Coconut Grove, FL 33	133	Melville, NY 11747	- CO
Name and street address	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> acceptable)	
Name:	Louise Caro		
	2665 C. Danishora Deini #220		
Office Address:	2665 S. Bayshore Drive #220		Se in
	Coconut Grove, FL	, Florida <u>33133</u>	-
			• • • • • • • • • • • • • • • • • • • •
esignated in this application comply with the provisi	gistered agent and to accept service of tion, I hereby accept the appointment a ions of all statutes relative to the proper	as registered agent and agree to a	ed liability company at the pla ct in this capacity. I further a
aving been named as re ssignated in this applica comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment a	process for the above stated limite as registered agent and agree to ac	ed liability company at the pla ct in this capacity. I further a
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Typed or printed name of signee

GLORIA WERLE

State of New York Department of State } ss:

I hereby certify, that NAPOLI SHKOLNIK PLLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/06/2015, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.

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



Witness my hand and the official seal of the Department of State at the City of Albany, this 20th day of December two thousand and seventeen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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