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| (Re                                     | questor's Name)    |                 |  |  |
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| (Cit                                    | ry/State/Zip/Phone | <del>= #)</del> |  |  |
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## COVER LETTER

| то:  | Registration Section Division of Corporatio  | ns   |                                    |  |   |  |  |
|--|--|--|------------------------------------|--|---|--|--|
| SURII                                      | MIRAMAR PART   | NERS LLC   |                                    | :  |   |  |  |
| SUBJECT: Name of Limited Liability Company |  |  |                                    |  |   |  |  |
|  |  |  |                                    |  | ransact Business in Florida," Certificate o<br>ty company to transact business in Florida |  |  |
| Please                                     | return all correspondence  | concerning this matter to the                              | following:                         |  |   |  |  |
|  | PETER KUT  | SER  |                                    |  |   |  |  |
|  |  | N <sup>z</sup>   | ame of Person                      | ;<br>i                                       |   |  |  |
|  | RAICH ENDE   | E MALTER & CO LLP  |                                    | 1  |   |  |  |
|  |  | F  | irm/Company                        |  |   |  |  |
|  | 175 BROAD I  | HOLLOW RD SUITE 250  |                                    |  |   |  |  |
|  |  |  | Address                            |  |   |  |  |
|  | MELVILLE, I  | NY 11747   |                                    |  |   |  |  |
|  |  | City/S   | itate and Zip Code                 | ·  |   |  |  |
|  | PKUTNER@RI   | EM-CO.COM  |                                    | ,  |   |  |  |
|  |  | E-mail address: (to be use                                 | d for future annual                | report no                                    | otification)  |  |  |
| For fur                                    | ther information concerni  | ng this matter, please call:                               |                                    | ļ  |   |  |  |
|  | PETER KUTNER   |  | 212<br>at (                        | 944-44                                       | 433   |  |  |
|  | Name   | of Contact Person  | Area Code                          | Da   | ytime Telephone Number  |  |  |
|  | MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 |  |                                    | Division<br>Registra<br>Clifton I<br>2661 Ex | T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301      |  |  |
| Enclos                                     | ed is a check for the follow  ☐ \$125.00 Filing Fee  | wing amount: ☐ \$130.00 Filing Fee & Certificate of Status | ■ \$155.00 Filir<br>Certified Copy | ng Fee &                                     | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy                             |  |  |

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

IN COMPLANCE WITH SECTION 605.0002. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA.

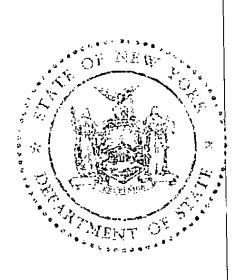
| 1. MIRAMAR PARTNEI (Name of Foreign     | RS LLC<br>Limited Liability Company; must include "Limited   | Liability Company," "L L.C.,"        | `or "LLC.")                                  | -         |
|---|--|--------------------------------------|--|-----------|
| (If name unavailable, enter alternate n | ame adopted for the purpose of transacting business in Flori   | ida. The alternate name must include | "Limited Liability Company," "L L C," or "LL | -<br>C.") |
| NEW YORK                                |  |                                      |  | ·         |
|   | nich foreign limited liability company is organized)   | 3.                                   | (FEI number, if applicable)                  | -         |
| ·                                       |  |                                      |  |           |
| 4                                       |  |                                      |  |           |
|   | (Date first transacted business in Florida, if prior to re<br>(See sections 605 0904 & 605.0905, F.S. to determine |                                      |  |           |
| 5 111 JOHN STREET S                     | UITE 1806  | 6. 111 JOHN STRE                     | ET SUITE 1806                                |           |
| (Street Address of I                    |  | 0.                                   | -  |           |
| NEW YORK, NY 100                        | 38   | NEW YORK, NY                         |  |           |
|   |  |                                      |  | -         |
|   | · · · · · · · · · · · · · · · · · · ·  | <del>   -</del>                      | 20   | -         |
| 7. Name and street address              | ss of Florida registered agent: (P.O. Box  | NOT acceptable)                      | 18 APR<br>EUNET<br>LAHA                      |           |
| Name:                                   | MORRIS MATALON   |                                      | R -2<br>FARS<br>ASSE                         |           |
| Office Address:                         | 19667 TURNBERRY WAY #26D   |                                      | AM<br>EE, FI                                 | T         |
|   | AVENTURA   | , Florida <u>3</u>                   | 3180 9                                       | <u></u>   |
| Registered agent's accep                | (City)   |                                      | (Zip code)                                   |           |
|   | ions of all statutes relative to the proper s of my position as registered agent.                                  |                                      | ,  |           |
| •                                       | (Registered agent's s  | ignature)                            |  |           |
| 9 The name title of son                 | acity and address of the person(s) who ha  | c/how outhority to manay             | n islam:                                     |           |
| Title or Capacity:                      | Name and Address:  | Title or Capacity:                   | Name and Address:                            | Ĺ         |
| Manager                                 | Samuel Matalon   | Manager                              | Michael Matalon                              |           |
|   | Brooklyn, NY 11210   | •                                    | 1092 E 22nd Street<br>Brooklyn, NY 11210     | 0         |
| Manager                                 | Eli Matalon  |                                      | _  |           |
|   | 1145 East 22nd Street<br>Brooklyn, NY 11210  | -                                    |  |           |
| (Use attachments if neces               | sary)  |                                      |  |           |
|   | of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted)                    |                                      |  |           |
|   | outed in accordance with section 605.0203 the Department of State constitutes a thi                                |                                      |  | tion      |
|   | Sugnature  | of an authorized person              |  |           |
|   | PETER KUTNER   | 1                                    |  |           |
|   | Timed or   | printed sums of sunse                |  |           |

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

I hereby certify, that IVES DAIRY SHOPPES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/20/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment IVES DAIRY SHOPPES LLC, changing its name to MIRAMAR PARTNERS LLC, was filed 05/13/2015.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 19th day of March two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State