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Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Foreign Limited Liability Company 1700 S. County Line Road LLC

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Help

J. LEGGETT APR 05 2018

A NEV LOATION BY FO	DREIGN LIMITED LIABILITY CO	MDANV FOR AUTHO	RIZATION TO TRA	NSACT BUSINESS
APPLICATION BY FC	IN F	LORIDA		
IN COMPLIANCE WITH SEC COMPANY TO TRANSACT BU	TION 605.0902, FLORIDA STATUTES, THE ISINESS IN THE STATE OF FLORIDA:	FOLLOWING EISUBMITTE	O TO REGISTER A FORE	GN LIMITED LIABILITY
1, 1700 S. County Line	Road LLC	<u>:</u>		
(Name of Foreign	Limited Liability Company, must include "Lim	ited Liability Company," "L.L.C	2., or "LI.C.")	
I Carrie area della color alternata	ame adopted for the purpose of transacting bustaces in I	Plantida. The alternate meme must inci	de Timited Lisbility Company,	"L.L.C." or "LLC.")
2. NY		3.		
(furisdiction under the law of w	hich foreign limited habitity company is organized)	V	(Fill rumber, if applicable)
4. n/a				
·	(Date first transacted business in Florida, if pror (Ses sections 603 0904 & 603,090), F.S. to deter	to registration.) mine penalty kability)		
5. 1020 Lehlgh Station		6. 1020 Lehigh	Station Road	
(Street Adutess of	Tricipal Office)	Henriette, NY	(Malling Address)	8
Henrietta, NY 14467		Herifiette, (V)	114407	·
				1
	100 C C C C C C C C C C C C C C C C C C	NI/200 managalahilah		•
7. Name and street address	s of Florida registered agent; (P.O. Bo			3.
Name:	Central Florida Development LL	C		5
Office Address:	300 Eagles Landing Drive			WH 10: 114
	i.skeland	, Florida	33810	<u>. </u>
	(City)	, Plorida	(Zip code)	•
Registered agent's accept	tance: gistered agent and to accept service.oj	Conneces for the above wh	 nted limited Bability ca	mnany of the place
lectonated in this applica	tion. I hereby accept the appointment.	as registered count and a	igree to act in this capi	actty. I juriner agree
o comply with the provisi	ons of all siguites relative to the prope	er and complete, performe	anca of my duties, and	I am famillur with
and accept the obligations	of my position as registered agent.	iç.		
	(Registered syons)		<u> </u>	
		_		
	city and address of the person(s) who h	nas/have authority to manu Title or Capacity:	agois∕arc: -∐ Nemear	nd Address:
Title or Capacity:	Name and Address:	Title of Caphyler	1	
Francisco de Carrard Portray of Total State Control	Richared LeFrols		<u></u>	
	Henricks, NY 14407			
			 	
		 		
(Use attachments if necess	ary)			
	of existence, no more than 90 days old	duly authenticated by the		v of records in the
v. Anached is a commeate prisdiction under the law (of which it is organized. (If the certifice	te is in a foreign language	c, a translation of the c	ertificate under oath
of the translator must be su	ibmitted)	~	11	
	Stacy D	ugan	<u> </u>	
		····	i i	

Signature of promopred person.

10. This document is executed in accordance with section 605.0203 (1) (b), Plorida 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.

Stacy Briggs
Typed or printed manu of sign .

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

I hereby certify, that 1700 S. COUNTY LINE ROAD LLC a NEW YORK Limited biability Company filed Articles of Organization porsuant to the bimit Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/29/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my ham! and the official seal of the Department of State at the City of Albany, this 63rd day of April two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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