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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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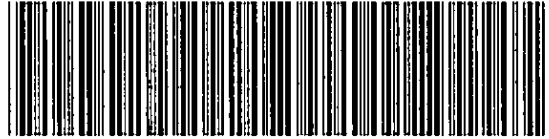
(Business Entity Name)

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TALLAHASSEE, FLORIDA

J. LEGGETT
APR 19 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: La Pensée 303, LLC
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:

Valerie S. Manzo, Member
Name of Person

La Pensée 303, LLC
Firm/Company

16 De Mont Street.
Address

Smithtown, N.Y. 11787-1906
City/State and Zip Code

valmanzo@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VM Valerie S. Manzo at (631) 366-6361 OR 516-456
Name of Contact Person Area Code Daytime Telephone Number -4672
(Cell)

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 following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$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 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. LA PENSEE 303, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York State
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-5103158
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

6. same
(Mailing Address)

5. 16 DE MONT ST.
(Street Address of Principal Office)
SMITHTOWN, N.Y. 11787-1906

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ED LEPSETER
Office Address: ReMax Advantage Plus
601 So. Federal Hwy Suite 100 Florida 33432
Boca Raton (City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Member

Valerie S. Manzo
16 de Mont St.
Smithtown NY
11787-1906

(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. 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.

Valerie S. Manzo
Signature of an authorized person

Valerie S. Manzo
Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that LA PENSEE 303, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/22/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department.

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



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 10th day of April
two thousand and eighteen.*

Brendan W. Fitzgerald
Executive Deputy Secretary of State