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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: La Parsu 303 LLL 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 Persel 303, LLC
16 Da Mont Street.
Smithtown VI 1118M-1966 City State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: 516-45
Name of Contact Person at (431) 364-6361 OR -4672 Name of Contact Person Area Code Daytime Telephone Number (Cell)
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: X \$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy Of Status & Certified Copy

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

APPLICATION BY FOREIGN LIMITED LIMITED IN FLORIDA		THE COUNTY
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING.	IS SUBMITTED TO REGISTER A FORE	KEV LIBRILL -
STATUTES WITH SECTION 605.0902 FLORIDA STATUTES, THE POSTERIOR OF THE POST		
IN COMPLIANCE WITH SECTION 605.000, FILL COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
10 DENSPE DOS LILL	ompany," "L.L.C.," or "LLC.")	
1	· ·	"" ! C" or "LLC.")
(Name of a series The above	nate name must include Limited Liability Comman	y,
(Name of Foreign Limited Liability Company, must include Liabi	82-510122) ''
Mens wk State	(FEI manbar, di tippua	
2. (Namediction under the law of which foreign franted liability company is organized)		
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(Date they transacted beamers in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty is	ability)	
(See sections 003.050 to 4.50	Same (Valling Address)	
16 DE MONI OLI		
5. (Succe Address of Principal Office)		2018 12 2018
		APR CAH,
O O Box NOT	acceptable)	18
7. Name and street address of Florida registered agent: (P.O. Box NOT		rr:
ED LEPSECIEIO		PA P
Name: Onlar Albantice, XIV) 1 154	- 10 N S N S N S N S N S N S N S N S N S N
Office Address: KEMIX HOVELLE	517RID 3343	2_器 =
601 50 teagar 1101	. Florida(Zip code)	
(Cin)		was commany at the place
	and Healton Habi	TIL COUNTY
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Registered agent's acceptance: Having been named as registered agent and to accept service of process designated in this application, I hereby accept the appointment as regi	is for the above stated united stered agent and agree to act in the complete performance of my dutie	is capacity. I further agree s, and I am familiar with
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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 03/22/2018, 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

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