## M18000004516

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ALLAHASSEE FLORING

J. HARRIS

COVER	LETTER
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TO: Registration Division of	n Section Corporation	s				
SUBJECT:	202	790 v	ارجم کر Name of L	imited Liability	Company	
The enclosed "Appli Existence, and check	cation by For are submitte	eign Limited L d to register th	iability Comp e above refere	any for Authorizanced foreign limi	ation to Tra	nsact Business in Florida," Certificate of company to transact business in Florida.
Please return all corr	espondence o	oncerning this	matter to the f	ollowing:		
_			Juneley Na	me of Person	`>	
			Jan	m/Company	<del>}                                    </del>	
_	<del></del>		330 L	<u>025} 38</u> Address	3th S	St, Rm. 902
		•	Λ <u>ų</u> City/St	ate and Zip Code		10018
		E-mail addre				ification)
For further informat	on concernin					
Jn	Name o	f Contact Pers	on	at ( 212 Area Code	Day	ime Telephone Number
	327				Division of Registration But 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301
Enclosed is a check \$\Bigsig \$125.00\$		ing arrount:		□ \$155.00 Fili Certified Copy	•	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



April 25, 2018

JACKIE ROGERS 330 W 38TH ST, RM 902 NY, NY 10018

SUBJECT: 202 790 MADISON LLC Ref. Number: W18000038986

We have received your document for 202 790 MADISON LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 618A00008526

2018 MAY - 7 AM 11: 11

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALL AHASSEF, PLONGER

ZIN MAY OF STATE

## 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:

201 790	M		
(Name of Foreign Limit	MADISON LLQ ted Liability Company; must include "Limit	ed Liability Company," "L.L.C.," or "LLC	2.")
(If name unavailable, enter alternate name a	dopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limited	Liability Company," "L.L.C." or "LI.C.")
2 new York		3. 82-4546	
(Jurisdiction under the law of which fo	oreign limited liability company is organized)	(FEI n	number, if applicable)
4 51118			<del></del>
- 0	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ		
5. (Street Address of Princip	MI Office)	6. TREKERO	Wress)
330 W 388	m St 902	35003	
my ny	10018	ny ny	10018
7. Name and street address of	Florida registered agent: (P.O. Box	x NOT acceptable)	
Name:	Troqueline of	3003	•
Office Address:	331 PILE STree	<u> </u>	
	Co. Palu Bend	Florida 33	3407
Registered agent's acceptance		, r tortida(Zip	code)
to comply with the provisions	, I hereby accept the appointment of all statutes relative to the prope my position as registered agent.	r and complete performance of n	
	(Registered agent's	s Signature)	
8. The name, title or capacity <u>Title or Capacity:</u>	and address of the person(s) who h	have authority to manage is/are Title or Capacity:	:: Name and Address:
MANAGIN MENB	- Jakie Paers	<b>5</b>	
V	Ny Ny 100/8		
			SLS STEE
		_	SS
(Use attachments if necessary	)		THE TO THE
	existence, no more than 90 days old, which it is organized. (If the certifical itted)		
	in accordance with section 605,020 Department of State constitutes a fi		
·- <del></del>			
	Signatur	e of an authorized person	
		- Tare	

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

I hereby certify, that 202 790 MADISON LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/20/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 30th day of April two thousand and eighteen.

Brendan W. Fitzgerald

**Executive Deputy Secretary of State** 

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