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Registration Section Division of Corporations

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CHRICT.					O O .	

SUBJECT:

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:

Roma	n Akopian	
	Name of Person	
POWE	LL BROS. LLC	
	Firm/Company	
1000 \$	outh 2nd ST	
	Address	
Harriso	իր, NJ 07029	,
	City/State and Zip Code	
george	@afsupply.com	
	E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Roman Akopian

at (_____

582-9205

Name of Contact Person

Area Code

Daytime Telephone Number

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

2 \$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:

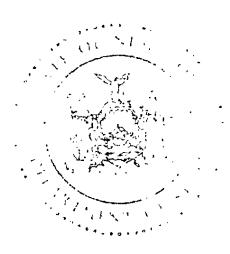
POWELL BROS. LL	1	IN THE STATE OF TEXALA.			
(Name of Foreign	Limited L	iability Company; must include "Limited	Liability C	Company," "L.L.C.," or "LLC.")	
If name unavailable, enter alternate n	ame adopte	d for the purpose of transacting business in Floric			ility Company," "L.L.C," or "LLC.")
2. New York	nich foreign	limited liability company is organized)	3. 2	22-3859247	er, if applicable)
(Janachon and Brian Chai		minea manny company is organized)		(120.100	ii, ii apparaticy
4	(Date	first transacted business in Florida, if prior to re	gistration.)		
942 Lafayette Ave	(Sec	sections 605.0904 & 605.0905, F.S. to determine	•		
(Street Address of F	rincipal Of	fice)	6. <u>-</u>	42 Lafayette Ave (Mailing Addre	:55)
Brooklyn, NY 11221			<u>B</u>	rooklyn, NY 11221	
······································					
7. Name and street addres	_	rida registered agent: (P.O. Box.)	NOT acc	ceptable)	
Name:	Regis	stered Agents Inc.			
Office Address:	3030	N. Rocky Point Dr. STE 150A	.		
	Tamp	oa		, Florida 33607	
	$-\dot{1}$	(City)		(Zip code)
Registered agent's accep			_		
		agent and to accept service of pr ereby accept the appointment as			
		ell statutes relative to the proper a			
		position as registered agent.		,,	
	Bu	Y			
		(Registered agent's sig	gnature)		
8. The name, title or capa	ا icity anç	address of the person(s) who has	∕have au	thority to manage is/are:	
Title or Capacity:		Name and Address:	Title	e or Capacity:	Name and Address:
Member	_	Howard Friedman			
		942 Lefayette Ave Brooklyn, NY 11221			
	_				
(Use attachments if neces					
(Ose attachments it neces	sary)				
 Attached is a certificate urisdiction under the law of the translator must be st 	of which	it is organized. (If the certificate	uly authe is in a fo	enticated by the official have preign language, a translation	ving custody of records in the on of the certificate under oath
10. This document is evec	uted in a	ccordance with section 605.0203 ((1) (b) E	llorida Statutec I am aware	that any false information
		partment of State constitutes a third			
		Many June	n		
		Signature of	f an authoriza	ed person	
	<i>,</i>				
	Howa	rd Friedman			

Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that POWELL BROS. LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/13/2002, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



**

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 04th day of May two thousand and eighteen.

DA ____

Brendan W. Fitzgerald

Executive Deputy Secretary of State