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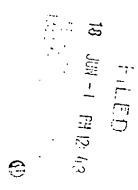
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(Ad	dress)	- ·
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
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Office Use Only



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COVER LETTER

TO:	Registration Section
	Dirit to

Division of Corporations

_{surrect:} Trason Rochester, 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:

Corinne Knupp
Name of Person
Trason Rochester, LLC
Firm/Company
3187 Bellevue Ave - A3
Address
Syracuse, NY 13219
City/State and Zip Code

CKnupp@ElsteinGroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corinne Knupp

...315

487-0861

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

☑ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

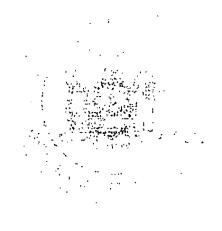
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

name unavailable, enter alternate n	ame adopted	d for the purpose of transacting business i	n Florida The alternat	te name must include "Limited Lia	bility Company," "L.L.C," or "LL.C.")
New York			3		
(Jurisdiction under the law of w	hich foreign	limited liability company is organized)	-	(FEI num)	ber, if applicable)
5/11/2018					
		: first transacted business in Florida, if pri sections 605 0904 & 605 0905, F.S. to de		ry)	
3187 Bellevue Ave			6. 3	187 Bellevue Ave - A	
(Street Address of Principal Office)		lice)	(Mailing Address) Syracuse, NY 13219		
Syracuse, NY 13219			<u> </u>	racuse, NT 13219	
Name and street addres	es of Flo	rida registered agent: (P.O. 1	Rox NOT acce	ntable)	
rvanic and <u>street addres</u>			ook <u>ivor</u> acce	practicy	
Name:	Regis	stered Agents Inc.			<u> </u>
Office Address:	3030	N. Rocky Point Dr. STE	150A		Jill - 1 Pil 12 112
	Tamp	oa		, Florida 33607	
		(City)		(Zip cod	le)
comply with the provis	ions of a	ill statutes relative to the proposition as registered agent.	per and compl	l agent and agree to act lete performance of my	
comply with the provis	ions of a	ill statutes relative to the proposition as registered agent.	per and compl		
comply with the provis and accept the obligation	ions of a es of my f	ill statutes relative to the proposition as registered agent. (Registered ag	oper and compl	ete performance of my	
comply with the provis and accept the obligation	ions of a es of my f	ill statutes relative to the proposition as registered agent.	oper and complement's signature) o has/have auth	ete performance of my	
o comply with the provision accept the obligation 3. The name, title or cap:	ions of a es of my f	all statutes relative to the proposition as registered agent. (Registered agent address of the person(s) wh	oper and complement's signature) o has/have auth	nority to manage is/are:	duties, and I am familiar w
comply with the provisind accept the obligation The name, title or cap: Title or Capacity:	ions of a es of my f	(Registered agent. (Registered agent.) And the person(s) whe Name and Address: Daniel Elstein 3187 Belevue Ave - A3	ent's signature) o has/have auth	nority to manage is/are:	duties, and I am familiar w
comply with the provisind accept the obligation The name, title or cap: Title or Capacity:	ions of a es of my f	(Registered agent, And address of the person(s) whe Name and Address: Daniel Elstein	ent's signature) o has/have auth	nority to manage is/are:	duties, and I am familiar w
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State of New York Department of State } ss:

I hereby certify, that TRASON ROCHESTER, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/09/2005, 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 11th day of May two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State