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COVER LETTER

TO:

Registration Section

Div	ision of Corporatio	ons				
SUBJECT:	HUDSON PARK	PARTNERS LLC				
SUBJECT		Name of	Limited Liability	Company		•
The enclosed Existence, ar	d "Application by Fond check are submitt	oreign Limited Liability Com ed to register the above refer	pany for Authoriz enced foreign lim	ation to Tr ited liabilit	ansact Business in Florida,' y company to transact busin	' Certificate of ness in Florida.
Please return	all correspondence	concerning this matter to the	following:			
	MYRIAM K.	LOUIS, ESQ.				
		N	lame of Person	· · · · <u>-</u>		
	LERMAN & V	WHITEBOOK, P.A.				
		F	irm/Company			
	2611 HOLLY	WOOD BOULEVARD				
			Address			
	HOLLYWOO	D, FLORIDA 33020				
		City/S	tate and Zip Code	·		
	Freddyfreshwate	ergrouplic.com				
		E-mail address: (to be use	d for future annua	l report not	tification)	
For further in	formation concerning	ng this matter, please call:				
MY	RIAM K. LOUIS, E	ESQ.	954 at (922-28	11	
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	check for the follow 25.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin	ng Fee &	■ \$160.00 Filing Fee, Co of Status & Certified Cop	

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 :	name adopted for the purpose of transacting business in Flori	da. The alternate stame must include "Limited L	.iability Company," "L.L.C." or "LLC.")
NEW YORK		3	
(Jurisdiction under the law of w	which foreign limited liability company is organized)	(FEI nu	mber, if applicable)
			-
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	gistration.) e penalty liability)	
c/o FRESHWATER C	GROUP LLC	6 c/o FRESHWATER GRO	OUP LLC
(Street Address of		(Mailing Ac	
2564 Bedford Avenue		2564 Bedford Avenue	
Brooklyn, New York 1	1226	Brooklyn, New York 112	26
Name and street address	SS of Florida registered agent: (P.O. Box) CARLOS D. LERMAN, ESQ.	NOT acceptable)	FILE OF CREATING SEE.
Office Address:	2611 HOLLYWOOD BOULEVARD		F. F. S.
			C'' 10
	HOLLYWOOD	. Florida 33020	0,-
iving been named as re signated in this applica comply with the provisi	(City)	negistered agent and agree to ac	d liability company at the plo t in this capacity. I further a
signated in this applica comply with the provisi d accept the obligations	tance: Igistered agent and to accept service of protion, I hereby accept the appointment as tooks of all statutes relative to the property of my position as registered agent. (Registered agent's significance)	(Zip co registered agent and agree to ac no complete performance of my manure)	d liability company at the pla t in this capacity. I further a
ving been named as resignated in this application this application with the provision discrept the obligations	tance: gistered agent and to accept service of priction, I hereby accept the appointment as tooks of all statutes relative to the property of my position as registered agent.	(Zip co registered agent and agree to ac no complete performance of my manure)	d liability company at the pla t in this capacity. I further a
aving been named as resignated in this applica- comply with the provisi d accept the obligations	tance: In	(Zip co registered agent and agree to ac ind complete performance of my panue)	d liability company at the pla t in this capacity. I further a duties, and I am familiar wi
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trying been named as resignated in this application this application that the provision of accept the obligations. The name, title or capation of the or Capacity: MGR See attachments if necess attached is a certificate of the capacity of the capacity.	(City) tance: gistered agent and to accept service of priction, I hereby accept the appointment as ions of all statutes relative to the property of of my position as registered agent. (Registered agent's significative and address of the person(s) who has/ Name and Address: Alfred Sayegh 2564 Bedford Avenue Brooklyn, New York 11226 ary) of existence, no more than 90 days old, dust which it is organized. (If the certificate is	(Zip cocess for the above stated limited registered agent and agree to act and complete performance of my manage) (have authority to manage is/are: Title or Capacity:	d liability company at the plat in this capacity. I further a duties, and I am familiar w Name and Address:

Typed or printed name of signee

State of New York Department of State } ss

I hereby certify, that HUDSON PARK PARTNERS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/20/2018, 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 12th day of June two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

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