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(Address)					
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PICK-UP WAIT MAIL					
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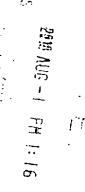
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### CORPORATE ACCESS, \_\_\_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 2561, 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:    Caren Willams
Firm/Company  293 Great RIVER ROAD  Address  City/State and Zip Code  Karen. William 30 Met museum, Org  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tasam Jonatelli Esg. at (516) 921-5300  Name of Contact Person Area Code Daytime Telephone Number
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:  \$\Bigsigmu\$\$ \$125.00 \text{ Filing Fee} \Bigsigmu\$\$ \$130.00 \text{ Filing Fee} \& \Bigsigmu\$\$ \$155.00 \text{ Filing Fee} \& \Bigsigmu\$\$ \$160.00 \text{ Filing Fee}, \text{ Certificate Copy} \\  \$\text{Certificate of Status} \\ \$\text{Certified Copy} \\ \$\text{of Status & Certified Copy} \\ \$\text{Optimize of Status} \\ \$\text{Certified Copy} \\ \$\text{of Status & Certified Copy} \\ \$of Status &

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOREIGN LIMITED LIMILITY COMPANY TO TRANSACT BUSINESS IN THE	LLOWNG IS SUBMITTED TO REGISTE STATEOFFLORIOM
7 (61 / 1 )	
(Name of Pereign Landed Liability Company; must laclisle "Limited Liability Co	ompany," LLC.," or "L.L.C.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in fle Liability Company, "T.A.C." or "LAC")	usida. The alternate name must include "Liested
110.1/2-16	Manual Burst Bellide Burst
3.	lit number, if applicable)
Company is organized)	arithmet, in applicable)
(Date this transacted business in Florida, If prior to registrations 605,0900-1 & 605,0905, P.S. to determine penalty	Nion.)
5. 293 Great River Road	liability)
Great River, N. Y. 11739 (Succe Address of Principal Office) 6. Same as Above	
6 Silved as Mhere	
0	
(Mailing Address)	
• •	
7. The name, title or capacity and address of the person(s) who has/have at	uthority to manage is/are:
Karen E. Williams, Man	racitio de outros
Karen E. Williams, Man 293 Great River Roc	- Day Course
Great River, N. Y. 11-	7.7.
,	
. Attached is an original certificate of existence, no more than 90 days old, or	duly milianting and have been a
eceptable. If the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language.	fignte under oath of the translator
- A and Mills	
Signature of an authorized person recording with secular 605,020), F.S. the execution of this document constitutes in alternation under the person which that any false information submitted in a document to the Department of State committees a third degree for	allies of periony that the facts stated herein are live. I
Karen E. Williams	- 10-15 a prostace for the 2-21.122 (E.S.)
Typed or printed name of signed	
-	— ·
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### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Comp	oany is:	
2561,LLC		
If unavailable, the alternate to be used in the	e state of Florida is:	
2. The name and the Florida street address	of the registered agent and office are:	
Karen	E. Williams (Name)	_
	North Overlook D	rive
Florida Street Add	dress (P.O. Box NOT ACCEPTABLE)	
Port St. Luci	e FL 34984 City/State/Zip	-
Having been named as registered agent and the liability company at the place designated in the glace designated in the glace to act in this capa that the graph and complete pacept the obligations of my position as registratutes.	his certificate, I hereby accept the appoint acity. I further agree to comply with the pr performance of my duties, and I am familia	iment as rovisions of all ar with and
X G. (Signa Karm E. W	ture) livems	2818 AUG
\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation of Registered Agent	

## State of New York Department of State 3 ss:

I hereby certify, that 2561, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/27/2018, 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 27th day of July two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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