

M18000007749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

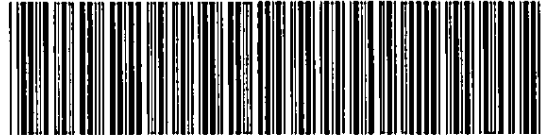
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200317001882

08/16/18--01006--002 **150.00

FILED
2018 AUG 16 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

AUG 23 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Windsor Associates 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:

Sam Shochat

Name of Person

Windsor Associates LLC

Firm/Company

314 Eagle Drive

Address

Jupiter, FL 33477

City/State and Zip Code

shochats@aol.com

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

For further information concerning this matter, please call:

Sam Shochat

Name of Contact Person

at (561)

Area Code

743-1605

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:

1. Windsor Associates LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

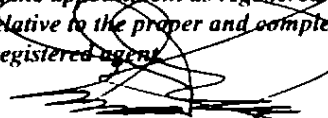
2. State of New York 3. 11-3328463
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06/05/2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 314 Eagle Drive 6. 314 Eagle Drive
(Street Address of Principal Office) (Mailing Address)
Jupiter, FL. 33477 Jupiter, FL. 33477

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Sam Shochat
Office Address: 314 Eagle Drive
Jupiter, Florida 33477
(City) (Zip code)

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

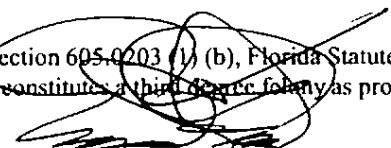
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Partner</u>	<u>Sam Shochat</u> <u>314 Eagle Dr</u> <u>Jupiter, FL 334</u>	<u>Managing Partner</u>	<u>Samuel Shochat</u> <u>314 Eagle Drive</u> <u>Jupiter FL 33477</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Sam Shochat

Typed or printed name of signee

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

I hereby certify, that WINDSOR ASSOCIATES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/24/1999, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

An Affidavit of Publication of WINDSOR ASSOCIATES, LLC was filed on 10/12/1999.

An Affidavit of Publication of WINDSOR ASSOCIATES, LLC was filed on 10/12/1999.

A Biennial Statement was filed 05/03/2000.

A Biennial Statement was filed 05/07/2002.

A Biennial Statement was filed 05/14/2004.

A Biennial Statement was filed 05/03/2006.

A Biennial Statement was filed 05/16/2008.

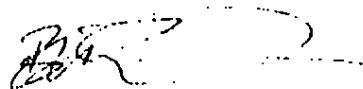
A Biennial Statement was filed 05/09/2010.

A Biennial Statement was filed 07/30/2012.

A Biennial Statement was filed 08/21/2014.

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 01st day of August
two thousand and eighteen.



Brendan W. Fitzgerald
Executive Deputy Secretary of State

