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SECRETARY OF STATE
AND AHASSEE, PLORIDS

N CULLIGAN AUG 29 2018

COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT: Cardinal Management 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:				
Lee G. Kellison, Bsq.				
Lee G. Kellison, P.A.				
Firm/Company				
6817 Southpant Pkuy, Suite 603				
Address				
acuschville, FL 32216 City/State and Zip Code				
City/state and Zip Code				
E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Lee G. Kellison, Esq. at 904 332-7222 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: \$\Begin{array} c c c c c c c c c c c c c c c c c c c				



August 10, 2018

LEE G. KELLISON, P.A. 6817 SOUTHPOINT PKWY SUITE 603 JACKSONVILLE, FL 32216

SUBJECT: CARDINAL MANAGEMENT, LLC

Ref. Number: W18000072565

We have received your document for CARDINAL MANAGEMENT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

(i)

Letter Number: 918A00016493

www.sunbiz.org

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

COMPANYTOTRANSACTBU	SINESS INTHE STATE OF FLORIDA:	_	
1. Cardy	ial Management.	LLC	
(Name of Foreign	Limited Liability Company must include "Limited Liability Company must include "Limited Liability".		1
_ Caramal	<u>Management</u>		IC_
2 New York		3. 82-058019	86
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	(FEI numb	er, if applicable)
4. Uugu	s+ 1, 2018		
J	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to deter	to registration) mine penalty liability)	212111
s. 10095 Ma	in Rd Unit 4	6. 10095 Main	Rd, Unit 4
(Street Address of P	nneipal Office) AA/ 1195 7	Mathituck. A	M/ 11952
T'MITTULE,	10y 1113 2	THAM MACK, IN	y
		 	A SE CONTRACTOR OF THE PERSON
7 Name and street address	s of Florida registered agent: (P.O. Bo	x NOT acceptable)	SG E TI
	Lee G. Kellison		FILI 118 AUG 28 SECRETARY ALLAHASSI
Name:	Zee O. Kellison	<u> </u>	
Office Address:	6817 Swthpount	PKWY, JULYE 603	PHIZ: 00
	Jacrsonville,	. Florida 322	IL EST DO
Registered agent's accept	(Cuy)	(Zip cod	5 S
•	vance: gistered agent and to accept service o	f process for the above stated limited	
designated in this applicat	tion, I hereby accept the appointment	as registered agent and agree to act	in this capacity. I further agre
	ons of all statutes relative to the proper of my position as registered agent.	er and complete performance of my	duties, and I am familiar with
and accept the obligations	In 11.00	•	
	(Reussiered agen)	's signature)	
0.00			
8. The name, title or capa <u>Title or Capacity:</u>	ncity and address of the person(s) who Name and Address:	has/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:
Manager	Alan Cardinale	Title of Capacity.	THE RESERVE OF THE PARTY OF THE
Muriagere	10095 Hain Rd - Unit	. # 4	
	Mathituck, Ny 1195	<u>52</u>	
	,		
(Use attachments if necess	sary)		
9. Attached is a certificate	of existence, no more than 90 days old	I, duly authenticated by the official ha	ving custody of records in the
jurisdiction under the law of	of which it is organized. (If the certific	ate is in a foreign language, a translat	ion of the certificate under oath
of the translator must be su	ibmitted)		`
	uted in accordance with section 605.02		
submitted in a document to	the Department of State constitutes a (third degree felony as provided for in:	s.817.155, F,S.
	Signatu	are of an authorized person	
	Alan Cardin	ale	
	Typed	or printed name of signee	

State of New York Department of State } ss

I hereby certify, that CARDINAL MANAGEMENT LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/02/2003, 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 02nd day of August two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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