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## COVER LETTER

	ration Section on of Corporatio	ns	•			
SI	LVERMAN REA	ALTY ASSOCIATES, LLC				
SUBJECT:		Name of	Limited Liability (	Company		
The enclosed "A Existence, and o	Application by For theck are submitte	reign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liability	unsact Business in Florida," Ce y company to transact business	ertificate of s in Florida.
Please return al	l correspondence	concerning this matter to the	following:			
	DAVID SILVE	RMAN				
		N	lame of Person		,	
	SILVERMAN	REALTY ASSOCIATES,	LLC			
		F	irm/Company			
	12-A FILMOR	RE PLACE				
			Address	. <u> </u>		
	FREEPORT,	NY 11520-4607				
		City/S	State and Zip Code			
	dsilver200@ao	l.com				
		E-mail address: (to be use	ed for future annual	report not	ification)	
For further info	rmation concernir	ig this matter, please call:				
DAVI	O SILVERMAN		516	378-79	970	
	Name (	of Contact Person	Area Code	Day	rtime Telephone Number	
Divisio Registi P.O. B	ING ADDRESS on of Corporation ration Section ox 6327 assee, FL 32314			Division Registrat Clifton H 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301	
	neck for the follow 5.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	■ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate



August 10, 2018

DAVID SILVERMAN 12-A FILMORE PLACE FREEPORT, NY 11520-4607

SUBJECT: SILVERMAN REALTY ASSOCIATES, LLC

Ref. Number: W18000072572

We have received your document for SILVERMAN REALTY ASSOCIATES, 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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

Letter Number: 518A00016495

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

IN COMPILANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

the facility and the same of t	me adopted for the purpose of transacting business in F	lunds. The #llemste name must include "Lumited	Liability Company," "L.1, C," or "LLC")
2. NEW YORK STATE		<sub>3.</sub> 27-0557398	
(Jurisdiction under the law of wh	ich foreign linuted liability company is organized)	(Fh! ni	umber, if applicable)
<sub>4</sub> 08/01/2018			
	(Date that transacted business in Florida, if prior to (See sections 605 0004 & 605 0005; F.S. to deter-	o registration )	<del></del>
5. 12-A FILMORE PLAC	CE	, , , , , , , , , , , , , , , , , , , ,	F 78
(Street Address of f	nncipal Office)	6. 12-A FILMORE PLACI	(ddress)
FREEPORT, NY 11	520-4607	FREEPORT NY 41,15	20-4607
			35 2
7. Name and street address	s of Florida registered agent: (P.O. Bo	x NOT acceptable)	men P
	InCorp Services, Inc.	•	; ) L
Name:		·	2: 5 S [A] LORI
Office Address:	17888 67th Court North		======================================
(///////			
CATTLE PRODUCTION	Loxahatchee	3347	Λ
Registered agent's accep Having been named as re designated in this applica to comply with the provisi	gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prope	as registered agent and agree to a	orde) ted liability company at the place tot in this capacity. I further agree
Registered agent's accep Having been named as re designated in this applica to comply with the provisi	tance:  gistered agent and to accept service of  gion, I hereby accept the appointment  ons of all statutes relative to the prope  of my position as registered agent.	(7.5)  f process for the above stated limit as registered agent and agree to a er and complete performance of m	code) ted liability company at the place act in this capacity. I further agree ay duties, and I am familiar with
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Registered agent's accep Having been named as re designated in this applica to comply with the provisi and accept the obligation:  8. The name, title or cap: Title or Capacity: MEMBER  (Use attachments if neces	tance:  gistered agent and to accept service of the appointment ons of all statutes relative to the proper of my position as registered agent.  Nicolar Marie and Address:  David Silverman  12-A Filmore Place  Freeport, NY 11520 4607	f process for the above stated limit as registered agent and agree to a cr and complete performance of mode Acosta on behalf of InCommunity to manage is/are Title or Capacity:  MEMBER	Name and Address:  Michael Silverman  12-A Filmore Place  Freeport, NY 11520-4607

Typed or printed name of signer

DAVID SILVERMAN, MEMBER

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

I hereby certify, that SILVERMAN REALTY ASSOCIATES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/10/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of SILVERMAN REALTY ASSOCIATES LLC was filed on 11/30/2009.

A Biennial Statement was filed 07/21/2011.

The Biennial Statement is past due.

I further certify, that no other documents have been filed by such Limited Liability Company.

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OF NEW

Witness my hand and the official seal of the Department of State at the City of Albany, this 11th day of July two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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