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SECRETARY OF STATE ALLAHASSEE, FLORIDA

T SCHROEDER

## COVER LETTER

Registration Section

TO:

Divi	sion of Corporation	s					
SUBJECT:	ROCHELLE SARA						
SOBJECT	Name of Limited Liability Company						
The enclosed Existence, an	"Application by For id check are submitted	eign Limited Liability Comp d to register the above refere	any for Authorizati nced foreign limite	ion to Tra d liability	nsact Business in Florida." company to transact busine	Certificate of ess in Florida.	
Please return	all correspondence c	oncerning this matter to the	following:				
	JACKIE ROSA	ARIO					
	Name of Person						
	ENS BUSINESS FILINGS & SEARCHES CO.						
	Firm/Company						
	PO BOX 115						
	Address						
	WATERFORD, NY 12188						
	City/State and Zip Code						
	ensbusiness91	1@gmail.com					
		E-mail address: (to be used	I for future annual	report not	ification)		
For further in	nformation concernin	g this matter, please call:					
jac	kie rosario		518 at (	238-30	83		
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding recutive Center Circle iee, FL 32301			
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filin Certified Copy	g 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

IN COMPLIANCE WITH SECT COMPANY TO TRANSACT BU	TION 605.0902, FLORIDA STATUTES, THE FO ISINESS IN THE STATE OF FLORIDA:	OJILOWING IS SUBMITTED TO RESISTE	AAAA OMACA MAAAAA — —
ROCHELLE SARA LL	LC		
(Name of Foreign I	Limited Liability Company; must include "Limite	d Liability Company, L.E.C., or fine.	
Uf and unavailable enter alternate na	ame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liabi	lity Company," "L.L.C," or "LLC.")
2. NEW YORK		2	
(Jurisdiction under the law of wh	hich foreign limited liability company is organized)	(FEI number	r, if applicable)
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registrat`on.) une penalty liability)	
244 Vala	ricin Circle.	6. 244 Valen	cia Lircle
(Street Address of P	Principal Office)	Maziling Addr	1 33711
San+ Peter	rsbug, fl 33716	<u> </u>	DVA PS
			THE TOTAL PROPERTY OF THE PROP
	am at the Last /B O Box	v NOT accentable)	ASS TO THE
7. Name and street address	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> acceptable)	SEA O I
Name:	ROCHELLE SARA GAN		
Office Address:	244 VALENCIA CIRCLE		₩ <b>5</b>
Office Address.	SAINT PETERSBURG	, Florida <u>33716</u>	
	(City)	(Zip cod	<del></del>
designated in this applica	ptance: egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the prope as of my position as registered agent.		
7	(Kegistered agent)	s signature)	<del>_</del>
8. The name, title or cap <u>Title or Capacity:</u>	pacity and address of the person(s) who hame and Address:	has/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:
MBR.	ROCHELLE SARA G		
	244 VALENCIA CI	<del>-</del>	
	ST_PETERSBURG	<del></del>	
	FLORIDA 33716		
		<u> </u>	
		<del></del>	
(Use attachments if nece	essary)		in- austody of records in the
jurisdiction under the law of the translator must be		ate is in a foreign ranguage, e were	
10. This document is exe	ecuted in accordance with section 605.02 to the Department of State constitutes a	203 (1) (b), Florida Statutes. I am awa third degree felony as provided for in	are that any false information as 817.155, F.S.
	Lielle Pro-		
		new of an authorized person	

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

I hereby certify, that ROCHELLE SARA, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/05/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Biennial Statement was filed 10/29/2018.

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 30th day of October two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

201810310408 \* RB