

MI9000002488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

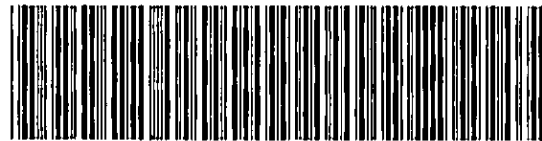
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W19-18005 2017

Office Use Only



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02/13/19--01019--027 \*\*125.00

03/15/19--01010--003

FILED  
2019 MAR 15 PM 3:14  
CLERK OF COURT  
JANUARY 1, 2019

MA 10.0  
S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 23, 2019

ANGELA ABRUZZO  
7 FROST POND  
ROSLYN, NY 11576

SUBJECT: 247 POST AVENUE LLC  
Ref. Number: W19000018005

We have received your document for 247 POST AVENUE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

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) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 919A00003861

247 POST AVENUE LLC  
P.O. BOX 152  
MANHASSET, NY 11030

February 11, 2019

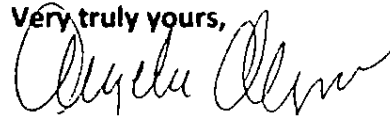
Florida Dept of State  
Division of Corporation  
Registration Section  
Clifton Bldg.  
2661 Executive Center Circle  
Tallahassee ,FL. 32301

Gentlemen:

Enclosed please find completed and signed application, check in the sum of \$125.00 FOR FILING FEE, and original certificate from New York State, for the purpose of register this LLC in Florida.

Please acknowledge receipt hereof.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Angela Abruzzo', written over the printed name.

Angela Abruzzo (member)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 247 POST AVENUE 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:

ANGELA ABRUZZO

\_\_\_\_\_  
Name of Person

247 POST AVENUE LLC

\_\_\_\_\_  
Firm/Company

7 FROST POND

\_\_\_\_\_  
Address

ROSLYN NEW YORK 11576

\_\_\_\_\_  
City/State and Zip Code

ANGELAA28@VERIZON.NET

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

For further information concerning this matter, please call:

ANGELA ABRUZZO

516

652-7927

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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. 247 POST AVENUE LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC")

2. NEW YORK 3. 81-0659554  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. APRIL 21, 2017  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7 FROST POND 6. 7 FROST POND  
(Street Address of Principal Office) (Mailing Address)

ROSLYN NEW YORK 11576

ROSLYN NEW YORK 11576

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

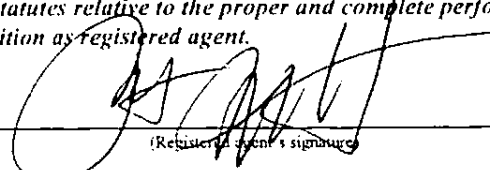
Name: PATRICIA NUGENT ESQ.

Office Address: 2455 E. SUNRISE BLVD. #807

FORT LAUDERDALE 33304  
(City) Florida (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)

FILED  
2019 MAR 15 PM 3:14  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☐ Manager Name: JOSEPH ABRUZZO

☒ Member Address: 7 FROST POND

☒ Authorized ROSLYN, NEW YORK 11576

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: IGNATIUS DISTEFANO

☒ Member Address: 7 FROST POND

☐ Authorized ROSLYN, NEW YORK 11576

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: ANGELA ABRUZZO

☒ Member Address: 7 FROST POND

☒ Authorized ROSLYN, NEW YORK 11576

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: SUSAN DISTEFANO

☒ Member Address: 7 FROST POND

☐ Authorized ROSLYN, NEW YORK 11576

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

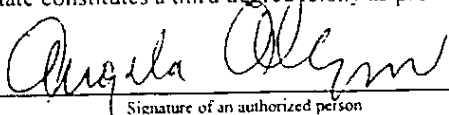
Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

ANGELA ABRUZZO  
\_\_\_\_\_  
Typed or printed name of signer

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

I hereby certify, that 247 POST AVENUE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/09/2004, 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 28th day of January two  
thousand and nineteen.*

A handwritten signature in black ink, appearing to read "Whitney Clark".

Whitney Clark  
Deputy Secretary of State