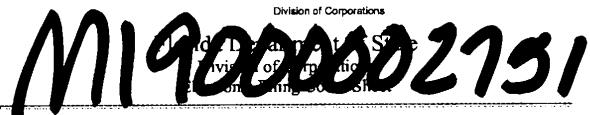
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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703 Fax Number : (718)584-7890

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### Foreign Limited Liability Company 4922 MANAGEMENT LLC

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L	L.C.(" or "LLC.")
name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The ulability Company," "L.L.C," or "LL.C,")	ternate nume must facilide "Limited
NEW YORK	
Jirrisdiction under the law of which foreign limited liability (FEI number, company is organized)	if applicable)
(Date that transacted husiness in Florida, if prior to registration.)	
(Date that transacted husiness in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty flability)  1 HILLCREST CENTER SUITE 210	
SPRING VALLEY, NEW YORK, 10977	<u> </u>
(Street Address of Principal Office)  1 HILLCREST CENTER SUITE 210	三
SPRING VALLEY, NEW YORK, 10977	
The name, title or capacity and address of the person(s) who has/have authoricated BODANSKY -MANAGING MEMBER - 1 HILLCREST CENTER SUITE 210 SPRING V	> ~1
Attached is an original certificate of existence, no more than 90 days old, duly aving custody of records in the jurisdiction under the law of which it is organize aceptable. If the certificate is in a foreign language, a translation of the certificate ust be submitted)	d. (A photocopy is not
	· —
Signature of an authorized person occordance with section 605,0203, F.S., the excention of this document constitutes an affirmation under the penaltics instance that are false information submitted in a document to the Department of State constitutes a third degree fellows  TABA ROSENBAUM	of pergary that the facts stated between are asymptotical for in \$317,155, $F(S^{\prime})$

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED

AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
4922 MANAGEMENT LLC

2. The name and the Florida street address of the registered agent and office are:

If unavailable, the alternate to be used in the state of Florida is:

## INTERSTATE AGENT SERVICES LLC (Name)

## 100 SE 2ND ST. STE. 2000 #209

Florida Street Address (P.O. Box NOT ACCEPTABLE) MIAMI City/State/Zap

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)

# State of New York Department of State } ss:

I hereby certify, that 4922 MANAGEMENT LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/31/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.

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 19th day of March two thousand and nineteen.

Whitney Clark

Deputy Secretary of State

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