

3/29/2019

Division of Corporations

M19000003509

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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2019-03-29 10:04

Foreign Limited Liability Company
Squire Hill LLC

Certificate of Status	0
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Page Count	04
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W19-32573

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Squire Hill LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

316NS, 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. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration) (See revenue rules 605.004 & 605.003, P.S. to determine penalty liability)

5. 66 Squire Hill Road 6. _____
(Street Address of Principal Office) (Mailing Address)
New Milford, CT 06776

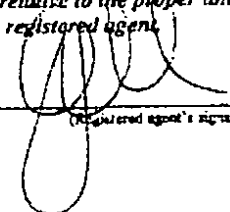
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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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) Owen Howard, VP

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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: Janet E. Aspen
 Member Address: 249 74th Street
 Authorized Brooklyn, New York 11209
 Person _____
 Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: Stephen K. Marino
 Member Address: 2 Marine Ave #5
 Authorized Brooklyn, New York 11209
 Person _____
 Other _____ Other _____

Manager Name: Joseph Polizzotto
 Member Address: 249 74th Street
 Authorized Brooklyn, New York 11209
 Person _____
 Other _____ Other _____

Manager Name: Emily Polizzotto
 Member Address: 249 74th Street
 Authorized Brooklyn, New York 11209
 Person _____
 Other _____ Other _____

Manager Name: John Polizzotto
 Member Address: 9322 Hamilton Walk
 Authorized Brooklyn, New York 11209
 Person _____
 Other _____ Other _____

Manager Name: Julie A. Polizzotto
 Member Address: 172 N. 10th St. #2A
 Authorized Brooklyn, New York 11211
 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

Charles R. Platt

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SQUIRE HILL LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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 TALLAHASSEE, FLORIDA



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

5375055 8300

SR# 20192387350

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