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April 11, 2019

CHRISTOPHER MINIO PO BOX 701 NEW YORK, NY 10150

SUBJECT: EAST END AVENUE GROUP LLC

Ref. Number: W19000036456

We have received your document for EAST END AVENUE GROUP 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 919A00007330

COVER LETTER

TO:

TO:	Registration Section Division of Corporations
SUBJE	CT: East End ANENUE Group LLC Name of Limited Liability Company
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of ce, 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:
	Christopher Minio Name of Person
	Name of Person
	EAST END AVENUE Group LLC Firm/Company
	Firm/Company /
	P.O. Box 70/ Address
	Address
	NEW YOIE, NY 10150
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
	Christopher Minio at 732, 939 0646 Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE
	\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & \$\sum \\$155.00 Filing Fee & \$\sum \\$160.00 Filing Fee. Certificate of Status \$\sum \\$Certificate \text{Opy}\$

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

East Enc (Name of Foreign Lin	HANENUE GOO nited Liability Company, must include "Life	D LLC	pany," "L.L.C.," or "H.C.")		
NEW JE (Jurisdiction under the law of which	adopted for the purpose of transacting business in		83 - 393 (FBI number		
	(Date first transacted business in Florida, il prio (See sections 605 0904 & 605 0905, F.S. to det	r to registration > ermine penalty liability			
120 East (Street Address of Prin	56Th Street	6	P. O. B	ox 701	
Svite	1030		NEW York,	NY 101	150
NEW YOIL	-, NY 10022				
Name and <u>street address</u> o	of Florida registered agent: (P.O. B	ox <u>NOT</u> accept	able)	व्यक्ति हिल्ल	Sign of Allege
Name:	Giorlando M	inio	_	.o.	
Office Address: _	8007 St. An				*
-	Mount (City)	DOLA	Florida <u>3 27 S</u>	<u> </u>	
gistered agent's accepta ving been named as regi. ignated in this application	stered agent and to accept service on, I hereby accept the appointmen	t as registered a	e above stated limited of gent and agree to act it gentformance of my d	n this capacity. I	further ag.

(Registered agent's signature)

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:	Title or Capacity:	Name and Address:
Manager	Name: Christopher Minio 6/0 East End Ave. Group LLC	Manager	Name: John Minio Clo East End Asenue Graph
☐Member	Address:	☐ Member	Address:
Authorized	NEWYOIF, NY 10150	☐ Authorized	
Person		Person	NEWYOIK, NY 10150
Other	Other	Other	Other
Manager	Name:	☐ Manager	Name:
☐Member	Address:	☐ Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Name:	☐ Manager	Name: 4
Member	Address:	☐ Member	Address:
Authorized		☐ Authorized	2
Person		Person	
Other	Other	Other	Other $\overline{\omega}$

- 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.

Christopket Minio

Typed or printed name of signee

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

EAST END AVENUE GROUP LLC 0600457869

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on February 20, 2019.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MINIO HOLDINGS LLC 17 ROBIN HOOD LANE CHATHAM, NJ 07928



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of April, 2019

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6096711886

Verify this certificate online at

https://wwwl.state.nj.us/TYTR_StandingCert/JSP/Yerify_Cert.jsp