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## COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	4812 3rd Ave LLC T:	4		
	Name of Limited Liability Company	<del></del>		
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Busic, and check are submitted to register the above referenced foreign limited liability company			
Please r	turn all correspondence concerning this matter to the following:			
	Aaron Lichtenstadter			
	Name of Person			
	Clinton Hill Filing Services Inc.			
Firm/Company				
5816 12 Avenue				
Address				
Brooklyn NY 11219				
	City/State and Zip Code	<del></del>		
	chfiling@gmail.com			
	E-mail address: (to be used for future annual report notification)			
For furt	er information concerning this matter, please call:			
	Aaron Lichtenstadter 718 230-5130			
	Name of Contact Person Area Code Daytime Telep	hone Number		
	MAILING ADDRESS:  Division of Corporations Registration Section P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRES Division of Corpora Registration Section Clifton Building 2661 Executive Cer Tallahassee, FL 323	tions ter Circle		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE			
	\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & \sum \text{Certificate of Status}}\$\$  Certificate of Status \$155.00 Filing Fee & \sum \text{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:

Station and State Lawrence	hich foreign limited liability company is organized)	3. (FEI number, if appli	
soscilon direct the new of w	nuch loceign limited luminty company is organized)	(г.л. пштоег, т врри	cable)
·	(Date first transacted business in Florida of occurs	n centeration )	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ		
9 Funston Street	Principal Office)	245 48th Street 6	
(Street Address of	Principal Office)	(Mailing Address)	
ywood FL 33019		Brooklyn NY 11220	
V 2.1.2 <u>2.1.7.7. 1.0.2.7.</u>	ss of Florida registered agent: (P.O. Box	<u></u>	=======================================
Name:	Meyer Bodner		2013 1434 FC
Name: Office Address:	Meyer Bodner 1329 Funston Street		Ta of AWN
	-	 	4 to 62 4 2

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: Name: Meyer Bodner Arych Birnhack ■ Manager Manager 245 48 Street Member Address: ■ Member Address: Brooklyn NY 11220 Brooklyn NY 11220 ■Authorized Authorized Person Person Other\_ Other Other\_\_\_ \_\_Other\_\_\_\_\_ Manager Name: \_\_\_\_\_ ■ Manager Name: \_\_\_\_\_ Member Address: ☐ Member Address: Authorized Authorized Person Person Other Other Other\_\_\_ Other\_\_\_ Manager Name: \_\_\_\_\_ Manager Member Address: \_\_\_\_\_ ☐ Member Address: ■Authorized Authorized Person Person 22 Other Other Other\_ Other\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Meyer Bodner

Typed or printed name of signee

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

I hereby certify, that 4812 3RD AVE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/24/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



Witness my hand and the official seal of the Department of State at the City of Albany, this 03rd day of May two thousand and nineteen.

Whitney Clark

Deputy Secretary of State

201905060274 \* MO