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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

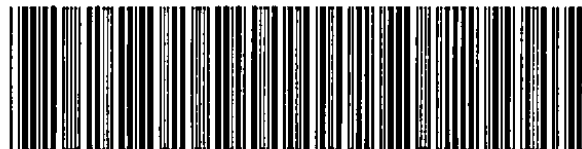
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JUN 18 PM 4: 29
SECRETARY OF STATE
FALL ARKASSER, P. 07M1

JUL 05 2019

M. SOLOMON

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. Grassi Franchise Services, 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. 81-4452792
(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 sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 50 Jericho Quadrangle 6. 50 Jericho Quadrangle
(Street Address of Principal Office) (Mailing Address)

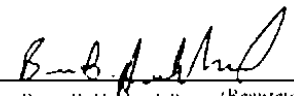
Jericho, NY 11753 Jericho, NY 11753

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

Name: Hubco Registered Agent Services, Inc.
Office Address: 155 Office Plaza Drive, 1st Floor
Tallahassee, Florida 32301
(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.


Bruce B. Hubbard, Pres. (Registered agent's signature)

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

Title or Capacity: Name and Address:

Manager Name: Louis Grassi

Member Address: Grassi Franchise Services, LLC

Authorized 50 Jericho Quadrangle

Person Jericho, NY 11753

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: Ronald Eagar

Member Address: Grassi Franchise Services, LLC

Authorized 50 Jericho Quadrangle

Person Jericho, NY 11753

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

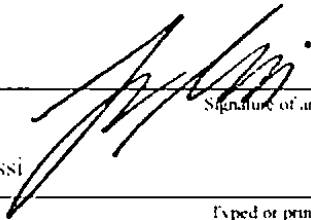
Person _____

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 that jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under o 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

Louis C. Grassi

 Typed or printed name of signer

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that GRASSI FRANCHISE SERVICES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/09/2016, 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 07th day of June two
thousand and nineteen.*

A handwritten signature in black ink, appearing to read "Whitney Clark". The signature is written in a cursive style with a prominent initial "W".

*Whitney Clark
Deputy Secretary of State*