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	Division of Corporations Fax Number : (850)617-6383		PH 4: 15
From		ON CYCTEM	PAR S
	Account Name : C T CORPORATION Account Number : FC4000000023	ON SYSIEM	V
	Phone : (614)280-3338		
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Electronic Filing Menu

Corporate Filing Menu

Y SCOTT Help

AUG 13 2019

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

COMPANY TO TRANSACT BU	JON 013,0302, PLOIDES STATE OF FLORIDA:	ALL MING INSC	- NEW 101 101 101 101 101 101 101 101 101 10	2019 P		
•	Earneed Liability Company, must include "Limited		-	語の一		
NEW YORK	ine adopted for the purpose of transacting business in Flori reh foreign hunted hability company is oxygimzed)	3	er mast include "Lamited Lability ( (LEL number, if	発達で		
4	(Date first transacted business in Florida, if prior to re (See rections 615 0904 & 605 0905; F.S. to determin	egiamira )		_		
415 WEST 47TH STREET  Street Address of Principal Otike)		6. (Stading Address)  NEW YORK, NY 10036				
NEW YORK, NY 1000						
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptal	nle)			
Name:	C T Corporation System					
Office Address:	1200 South Pine Island Road					
	Plantation	<del>_</del>	, Florida(Zincole)	_		
	(City)		(vip (tele)			

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.

By athan Giffin, Assistant Secretary

O'Registered agent's signature

 $(3.43.7 \pm 6.29)2019$  We detect  $\lambda_{\rm class}$  or Castine

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: LEONARD GLEICH	Manager	Name:				
Member	Address: 43 East 20th Street	Member	Address:				
Authorized	NEW YORK, NY 10003	Authorized					
Person		Person	ALL				
[]Other	Other	Other	55				
☐Manager ☐Member ☐Authorized	Name:	☐ Manager ☐ Member ☐ Authorized	Name: FLORIDA				
Person		Person					
[]Other		Other					
∐Manager	Name:	Manages	Name:				
∭Member	Address:	Member	Address:				
Authorized		Authorized					
Person		Person					
[]Other	[]Other	Other	Other				
indexed individuals  9. Attached is a cert jurisdiction under th of the translator tun		ida Department of State ily authenticated by the is in a foreign language,	Annual Report form. official having custody of records in the a translation of the certificate under oath				
10. This document i submitted in a document	is executed in accordance with section 605,0203 (ment to the Department of State constitutes a third	<ol> <li>(b), Florida Statutes.</li> <li>degree felony as provid</li> </ol>	I am aware that any false information ded for in s.817.155, F.S.				
	Lionard L	Heich					
Superine of an authorized person							
	LEONA	RD GLEICH					
	Typed or ret	im, diname of analice					

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

I horoby cartify, that SUGAR HILL REALTY LLC & NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/16/2002, and that the Limited Liability Company Is existing so far as shown by the records of the Department. I turbher certify the following:

A Biennial Stacement was filed 04/13/2004.

A Blennial Statement was filed 04/25/2006.

A Riennial Statement was filed 03/31/2008.

A Biennial Statement was filed 05/21/2012.

A Bienoial Statement was filed 04/09/2014.

A Biennial Statement was filed 04/25/2018.

A Certificate of Publication of SUGAR HILL REALTY LLC was filed on 07/12/2019.

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 08th day of August two thousand and nineteen.

Brendan C. Hughes

Deputy Secretary of State

Breaker C. Hugher

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