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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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	Office Use Only	



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 905005 7656631

AUTHORIZATION : Capulable and

COST LIMIT : \$ 13-0.00

ORDER DATE: September 3, 2019

ORDER TIME : 9:10 AM

ORDER NO. : 905005-005

CUSTOMER NO: 7656631

FOREIGN FILINGS

NAME: FIRST RESPONSE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

XX____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

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то:		ation Section of Corporations									
SUBJE		ST RESPONSE LL	.c			_				_	
			Name	of Limit	ed Liability	Compa	ny			_	
The end Existen	closed "A _l	oplication by Foreig eck are submitted to	n Limited Liability Co register the above ref	mpany i	for Authoriz foreign lim	zation to nited liab	Transac	t Business apany to tr	in Florida ansact bus	ı," Certi iness in	ficate of Florida.
Please	return all o	correspondence cond	cerning this matter to t	he follo	wing:						
		Robert Singer									
				Name o	f Person					-	
		Singer & Falk P.C.									
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	-		mail address: (to be u	sed for f	uture annua	ıl report	notificat	ion)	<u> </u>	-	
For furt	her inform	nation concerning th	is matter, please call:			·		·			
	Robert S	Singer		at (516	938	-1828				
	•	Name of Co	ontact Person		Area Code		Daytime '	Telephone	Number	_	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301								
	Please m	_	o: FLORIDA DEPAR S130.00 Filing Fee	& 1	\$155.00	TE Filing	Fee &	\$ 160	0.00 Filing		
			Certificate of S	tatus	Certifi	ied Cop	у	of St	atus & Ce	rtified (Сору

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:

First Response LLC			
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liabili	ty Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida. The r	alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")
New York 2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	82-2728568 (FEI number, if applicable)
4	(Date first transacted business in Florida, if pice to (See sections 605 0904 & 605,0905, F.S. to determ	registratio	n.) /lability)
142 22nd Street, Brooklyn NY 11232 5. (Street Address of Principal Office)		6.	c/o Singer & Falk (Mailing Address)
			48 South Service Road, Suite 404
			Melville, NY 11247
7. Name and street addres	ss of Florida registered agent; (P.O. Bo	NOT	acceptable)
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tallahassee		32301 , Florida
	(City)		(Zip code)

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.

Corpdration Sentise Company Roxanne Turner

(Registered agent's signature) Roxanne Turner

(Registered agent's signature) Roxanne Turner

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: John Stella Manager Manager Address: 142 22nd Street ■ Member Member Address: ____ Brooklyn, New York 11232 Authorized Authorized Person Person Other Other____ Other__ Other____ Name: _____ Manager Manager Manager Member Address: Member Authorized Authorized Person Person Other____ Other____ Other_ Manager Name: _____ Name: __ Manager ☐Member Address: Address: _____ Member Authorized Authorized Person Person 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. Signature of an authorized person John Stella

Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that FIRST RESPONSE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/08/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.



201909030643 * 45

Witness my hand and the official seal of the Department of State at the City of Albany, this 30th day of August two thousand and nineteen.

Braden C Hydra

Brendan C. Hughes Deputy Secretary of State

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