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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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TO:

TO:	egistration Séction É ivision of Corporations								
	ROCKY POINT HARBOR BASIN LLC								
SUBJECT: Name of Limited Liability Company									
	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Ce and check are submitted to register the above referenced foreign limited liability company to transact business								
Please	rn all correspondence concerning this matter to the following:								
	KIMBERLY L. GARNO, ESQ., DAVID M. FELICE, ESQ.								
	Name of Person								
	TERRA LAW FIRM, P.A.								
	Firm/Company								
	14910 WINDING CREEK CT.								
	Address								
	TAMPA FL 33613								
	City/State and Zip Code								
	lkazes@terralawfirm.com								
	E-mail address: (to be used for future annual report notification)								
For fur	E-mail address: (to be used for future annual report notification) information concerning this matter, please call:								
	isa M. Kazes, Paralegal 813 280-8525 $\stackrel{\bigcirc}{\sim}$	≟a.ca - e&c #g							
	Name of Contact Person Area Code Daytime Telephone Number	<u> </u>							
	AILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Vegas (1944)							
	nclosed is a check for the following amount: ease make check payable to: FLORIDA DEPARTMENT OF STATE								
	\$125.00 Filing Fee \$\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee. Certificate of Status Certified Copy of Status & Certified								

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 TUMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

l. Rocky Point Harbor Ba							
(Name of Foreign	Limited Liability Company; must include "Limite	ed Liabilit	y Company," "L.IC.," or "L	L.C,")	 - ·		
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The a	lternate name must înclude "Limit	ed Liability C	ompany,"	"L.lC," or	"LLC.")
New York			26-3805706 (FEI number, if applicable)				
(Jurisdiction under the law of which foreign limited hability company is organized)			(FE	I number, if a	pplicable)		_
unknown 1							
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration ine penalty	n.) habihty)		_		
C/O DEAN DEVITO			C/O DEAN DEVITO				
(Street Address of Principal Office)		0.	6. (Mailing Address)				
621 COLUMBIA STR	EET		621 COLUMBIA STR	EET			
COHOES, NEW YOR	K 12047		COHOES, NEW YOR	K 12047			
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT :	acceptable)		 :.	2019 ATES	ý",
Name:	TERRA LAW FIRM, P.A.					329	17. 1. 14
Office Address:	14910 WINDING CREEK COURT					P.H +:	". * 25
	TAMPA		33613 Florida		<i>,</i> -	2	
	(City)		(7	lip 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.

Registered agent's stenature!

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: Ken Raymond	Manager	Name: KIM ROCKY POINT V LLC
Member	Address: c/o 621 COLUMBIA STREET	■ Member	Address: c/o 621 COLUMBIA STREET
Authorized	COHOES, NEW YORK 12047	Authorized	COHOES, NEW YORK 12047
Person		Person	
Other	Other	Other	Other
■Manager	Name: David Dickey, LLC	☐ Manager	Name: Jason Gerardi, LLC
Member	Address: c/o 621 COLUMBIA STREET	■ Member	Address: c/o 621 COLUMBIA STREET
Authorized	COHOES, NEW YORK 12047	Authorized	COHOES, NEW YORK 12047
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address: 2 1000
Authorized		Authorized	P
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. 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 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 fellows as provided for in s.817.155, F.S.

Signature of an authorized person

DAVID M FELICE ESQ.

State of New York Department of State } ss:

I hereby certify, that ROCKY POINT HARBOR BASIN LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/24/2008, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 14th day of August two thousand and nineteen.

Braden C Hydra

Brendan C Hughes
Executive Deputy Secretary of State