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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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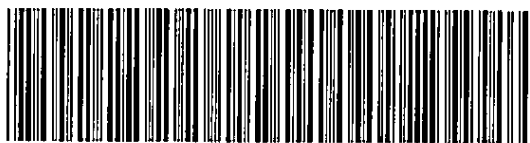
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Over & Back LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Glen Levitan
Name of Person

Over & Back LLC
Firm/Company

90 Adams Ave Suite B
Address

Hempstead, N.Y. 11788
City/State and Zip Code

glevitan@overback.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (_____) _____
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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & 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:

1. Oven & Back 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. 26-3870655
(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. 90 ADAMS AVE 6. Same
(Street Address of Principal Office) (Mailing Address)
Suite B
Hempstead, NY 11788

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

Name: Bernard Levitan

Office Address: 7993 Crane's Pointe Way
West Palm Beach, Florida 33412
(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.

Bernard Levitan
(Registered agent's signature)

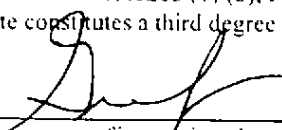
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	<u>Bernard Levitan</u>		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	<u>7993 Crane's Pointe Way</u>		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		<u>W. Palm Beach, Fla 33412</u>		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other				<input type="checkbox"/> Other			
<input checked="" type="checkbox"/> Manager	Name:	<u>Glen Levitan</u>		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	<u>90 ADAMS AVE</u>		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		<u>Hempstead, NY 11788</u>		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other				<input type="checkbox"/> Other			
<input type="checkbox"/> Manager	Name:	<u>Randi Tremano</u>		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	<u>90 ADAMS AVE</u>		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		<u>Hempstead, NY 11788</u>		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other				<input type="checkbox"/> 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 felony as provided for in s.817.155, F.S.



Signature of an authorized person

Glen Levitan - Managing Member

Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that LEVITAN PARTNERS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/09/2008, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment LEVITAN PARTNERS LLC, changing its name to OVER & BACK LLC, was filed 12/17/2008.

The Biennial Statement is past due.



2019 SEP -3 PM 4:33
TALLAHASSEE, FLORIDA

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 07th day of August two
thousand and nineteen.*

Brendan C. Hughes

Brendan C Hughes
Executive Deputy Secretary of State