Mace

<i>:</i> . (Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 915824 7955088

AUTHORIZATION : Spelle le man

COST LIMIT : \$ 125.00

ORDER DATE: September 12, 2019

ORDER TIME : 9:06 AM

ORDER NO. : 915824-010

CUSTOMER NO: 7955088

FOREIGN FILINGS

NAME: DNH INVERNESS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

JEC	DNH INVERNESS, LLC		
		Liability Company	
ilice,	osed "Application by Foreign Limited Liability Company for , and check are submitted to register the above referenced fo	eign limited liability company to transact business	ertif s in
reti	um all correspondence concerning this matter to the following	g:	
	Christopher M. Read		
	Name of P	erson	-
	Read Law Group, PLLC		•
	Firm/Com	pany	
	666 Old Country Road, Suite 402		ليد
	Addres		
		, , <u></u>	
	Garden City, New York 11530		دن
	City/State and 2	Cip Code	
	cread@readlawgroup.com		
	E-mail address: (to be used for futu	e annual report notification)	
Ther	information concerning this matter, please call:		
C	Thristopher M. Read 510		
	Name of Contact Person Ar	ca Code Daytime Telephone Number	
Di Re P.C	IAILING 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	
Ple	iclosed is a check for the following amount: ease make check payable to: FLORIDA DEPARTMENT Of \$125.00 Filing Fee \$\Bigsim \text{S130.00 Filing Fee & }\Bigsim	F STATE S155.00 Filing Fee & S160.00 Filing Fee. (C

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 LIMITED COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreig	n Limited Liability Company, must include "Limit	ted Liability C	Company," "L.L.	. C.," or "LLC.")		<u> </u>
name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	londs. The slave				
	the state of the s	KRIKIK I DE AREN	unic imue uimit m	clude "Limited Liabil	hty Company," "1.	. L. Ç," or "Li
New York		,			ï	r
(Jurisdiction under the law of v	which foreign limited liability company is organized)	٠,		(FEI mumber	, if applicable)	<u> </u>
						•
n/a						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration)	 _			î
	(See sections 605 0904 & 605 0905, F.S. to determ	tine penalty liab	thty)			<i>Y</i>
280 Haypath Road		28	30 Haypath	Road		*.
(Street Address of	Principal Office)	6		(Mailing Addres	4)	
Old Bothsons No.	V-1 4400					
Old Bethpage, New	Old Bethpage, New York 1180					
Manua and account to	0.77					
vame and street addres	ss of Florida registered agent: (P.O. Box	NOT acce	eptable)			
	Corporation Service Company					
Name:						
	1201 Hays Street					
Office Address:						
						
	Tallahassee		m. ·	32301		
	(City)		, Florida	(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.

Composition Service Company

By: (Registered agent's signature)

Roxanne Turner Asst. Vice President

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: Michael Petrizzo Name: Patricia Petrizzo Manager Address: ___ 280 Haypath Road Address: ___ 280 Haypath Road Member Member | Old Bethpage, New York 1180 Old Bethpage, New York 1180 Authorized Authorized Person Person Other Other ∐Other ____ Other Name: Christopher M. Read, Esq. Manager Manager Address: ____ Member Member 666 Old Country Road, Suite 402 Authorized Authorized Garden City, New York, 11530 Person Person Other Other Other Other____ Manager Name: ☐ Manager Name: _____ Member Address: ____ Member Address: _____ ___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.

Typed or printed name of signee

Christopher M. Read

State of New York Department of State } ss:

I hereby certify, that PETRIZZO BOHEMIA, LLC a NEW YORK Limited Liabilit Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/19/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment PETRIZZO BOHEMIA, LLC, changing its name to DNH INVERNESS, LLC, was filed 09/16/2019.



Witness my hand and the official seal of the Department of State at the City of Albany, this 17th day of September two thousand and nineteen.

Bradan C Hydra

Brendan C. Hughes Executive Deputy Secretary of State

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