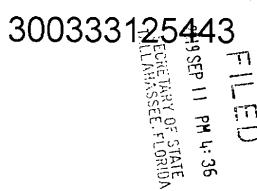
(Requ	uestor's Name	)
(Addr	ess)	
(Addr	ess)	<u> </u>
(City/	State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Na	me)
(Docı	ıment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	
	<u>.</u>	

Office Use Only





08/11/19--01024--019 \*\*155.00



**************************************			
	COV	ER LETTER	
TO: Regis Divisi	tration Section on of Corporations		
SUBJECT: _	TAMPING LLC		
	Name of Li	mited Liability Company	
The enclosed ". Existence, and	Application by Foreign Limited Liability Compa check are submitted to register the above referen	ny for Authorization to Transact B ced foreign limited liability comp:	Business in Florida," Certificate o any to transact business in Florida
Please return al	I correspondence concerning this matter to the fo	ollowing:	
	Thomas Law		
	Nan	ne of Person	2
	Highpoint Office Solutions Inc.		2019 SE
	Fire	n/Company	TAR
	291 Clinton B. Fisk Avenue		SS -
	Staten Island, NY 10314	Address	PH 4: 36 EF STATE FOR TORIOR
	City/Sta	e and Zip Code	
	highpointcorp@aol.com		
	E-mail address: (to be used f	or future annual report notification	1)
For further info	rmation concerning this matter, please call:		
Thoms	as Law	917 763-4341 at ()	
	Name of Contact Person		lephone Number
Divisio Registr	ING ADDRESS: on of Corporations ration Section ox 6327	STREET ADDR Division of Corpo Registration Secti Clifton Building	orations

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

## 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:

KAMPING LLC					
(Name of Foreign	Limited Liability Company: must include "Limit	ed Liability Compar	ny " "L tC.," or "LLC ")	<del> </del>	
(Il name unavailable, enter alternate ii	ame adopted for the purpose of transacting business in He	orida. The alternate nati	ne must include "I imited Liabili	ity Company," "L.L.C,"	or "LLC.")
New York State		23943			
2. (Jurisdiction under the law of wh	nich foreign limited liability company is organized)	3	(FEI number	2019 SEP	· <del>-</del> ·-·
				CRE SE	-17
4	(Date first transacted business in Florida, if prior to	o registration.)		— AS	
	(See sections 605,0904 & 605,0905; F.S. to determ	mne penalty hability)		SEC	, 177
5 Hightop Lane		5 High 6.	itop Lane (Mailing Addres	- 13	<u> </u>
5. (Street Address of I	Principal Office)	0	(Mailing Addres	TATE	 
Jericho, NY 11753		Jericho	NY 14753	DE C	3 5
					<del></del>
	<del> </del>				
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptal	ble)		
N.	Universal Registered Agents, Inc.				
Name:					
Office Address:	1317 California Street				
Office Address.		-,			
	Tallahassee		32304 . Florida		
	(Cuy)		(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.

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 Capacit	<u>v:</u>	Name and Address:
Manager	Name: Kain Lau	Manager	Name:	
Member	Address: 5 Hightop Lane	Membei	Address:	
Authorized	Jericho, NY 11753	Authorized		
Person		Person		
Other		Other		Other
]Manager	Name:	Manager	Name:	SECRETA ALLAND
Member	Address:	☐ Member	Address:	SS = 1
Authorized		Authorized	,	FF.C
Person		Person		TATE ORIU
]Other	Other	Other		Dother
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other

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 8.817.155. F.S.

	Partie 1	
	Signature of an authorized person	
Kam Lau		
	Exped or printed mone of signer	

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

I nereby certify, that KAMPING, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/01/1999, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Amendment was filed on 08/11/1999.

An Affidavit of Publication of KAMPING, LLC was filed on 09/17/1999.

An Affidavit of Publication of KAMPING, LLC was filed on 09/17/1999.

A Biennial Statement was filed 07/05/2001.

A Biennial Statement was filed 06/26/2003.

A Biennial Statement was filed 07/11/2005.

A Biennial Statement was filed 07/18/2007.

A Biennia! Statement was filed 07/07/2009.

A Biennial Statement was filed 07/22/2011.

A Biennial Statement was filed 07/18/2013.

A Biennial Statement was filed 07/03/2017.

A Biennial Statement was filed 07/10/2019.

FILED
2019 SEP 11 PM 4: 36
SECRETARY OF STATE

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 03rd day of September two thousand and nineteen.

Braden C Hyles

Brendan C. Hughes Deputy Secretary of State