

10/17/2019

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : AKERMAN LLP - JACKSONVILLE  
Account Number : 105543000740  
Phone : (904)798-3700  
Fax Number : (904)798-3730

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: apneuman@hermitspeak.com

**Foreign Limited Liability Company**  
**1129 LEXINGTON AVENUE A LLC**

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1129 LEXINGTON AVENUE A 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:

Alan P. Neuman

Name of Person

1129 LEXINGTON AVENUE A LLC

Firm/Company

1727 Rusty Road NW

Address

Albuquerque, NM 87114

City/State and Zip Code

apneuman@hermitspeak.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan P. Neuman

505

249-8612

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, Certif  
of Status & Certified Copy

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 1129 LEXINGTON AVENUE A 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. 81-5330078  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 28, 2019  
(Date first transacted business in Florida, if prior to registration;  
See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1727 Rusty Road NW 6. 1727 Rusty Road NW  
(Street Address of Principal Office) (Mailing Address)

Albuquerque, NM 87114 Albuquerque, NM 87114

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

Name: First Corporate Solutions, Inc.  
Office Address: 155 Office Plaza Drive  
Tallahassee, Florida 32301  
(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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.

/s/Angelina Hinojoza, Secretary

(Registered agent's signature)

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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>Alan P. Neuman</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>1727 Rusty Road NW</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Albuquerque, NM 87114</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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.

Alan P. Neuman

Signature of an authorized person

Alan P. Neuman

Typed or printed name of agent

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

I hereby certify, that 1129 LEXINGTON AVENUE A LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/01/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department of State.



\*\*\*

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

*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State

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