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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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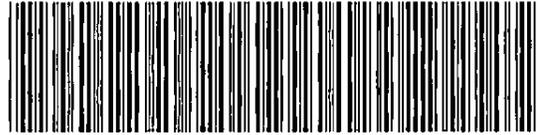
(Business Entity Name)

(Document Number)

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**DATE:** 11-22-19

**NAME:** FORTUNE COMMERCIAL MANAGEMENT, LLC

**TYPE OF FILING:** APPLICATION FOR AUTHORITY

**COST:** 125.00 + 30.00

**RETURN:** CERTIFIED COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Abbie Hodge*

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fortune Commercial Management, 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:

Name of Person  
Florida Filing & Search Services, Inc.

Firm/Company

155 Office Plaza Drive, Suite A

Address

Tallahassee, FL 32301

City/State and Zip Code

rcohen@buckinghamre.com

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

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For further information concerning this matter, please call:

Richard Cohen at ( 212 ) 942-3000

Name of Contact Person 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. Fortune Commercial Management, 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  
(Jurisdiction under the laws of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FBI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine priority liability)

5. 657 East Main Street  
(Street Address of Principal Office)

6. 657 East Main Street  
(E-mail Address)

Mount Kisco, NY 10549

Mount Kisco, NY 10549

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

Name: RMC Property Group; Att: Bobby Eggleston

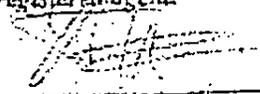
Office Address: 8902 N. Dale Mabry Hwy.

Tampa, Florida 33614  
(City) (Zip code)

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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 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]:

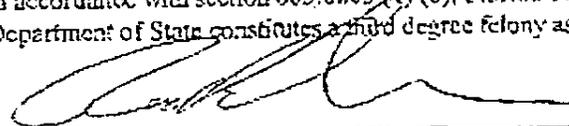
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Richard Cohen</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>657 East Main Street</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Mount Kisco, NY 10549</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 _____

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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

Richard Cohen, Managing Member

State of New York  
Department of State } ss:

I hereby certify, that FORTUNE COMMERCIAL MANAGEMENT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/02/2004, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

An Affidavit of Publication of FORTUNE COMMERCIAL MANAGEMENT, LLC was filed on 07/15/2004.

An Affidavit of Publication of FORTUNE COMMERCIAL MANAGEMENT, LLC was filed on 07/15/2004.

A Biennial Statement was filed 03/27/2006.

A Biennial Statement was filed 04/07/2008.

A Biennial Statement was filed 04/29/2010.

A Biennial Statement was filed 05/21/2012.

A Biennial Statement was filed 04/10/2014.

A Biennial Statement was filed 04/29/2016.

A Biennial Statement was filed 04/04/2018.

A Certificate of Amendment was filed on 06/01/2018.

I further certify, that no other documents have been filed by such Limited Liability Company.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 13th day of November two thousand and nineteen.

*Brendan C. Hughes*

Brendan C Hughes  
Executive Deputy Secretary of State