MPOCOILO

| (Req | uestor's Name) | |
|---------------------------|------------------|-----------------|
| (Add | lress) | |
| (Add | lress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nan | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |

Office Use Only



000336450940

11/12/19--01049--014 **190.00





COVER LETTER

| 10: | Registration Section | | | | | • |
|---------|--|---|-------------------|--|-------------|----------------|
| | Division of Corporations | ,* | | . | | 3 |
| SUBJE | Rosner Family Propertie | es LLC | | | | |
| .,0051 | | Name of Lin | nited Liability (| Company | | |
| | | | | ation to Transact Business in Flor ted liability company to transact | | |
| Please | return all correspondence conc | erning this matter to the fol | lowing: | | | |
| | Lee A. Rosner | | | TALL | 2019 NOV 12 | · - 7-5 |
| | | Name | e of Person | AHA: | - VO | |
| | Rosner Family Pro | - | | SSEE) | 2 P | |
| | | Firm | /Company | FLC | H 3: 2 | 0 |
| | 1601 Veterans Mer | morial Hwy, Suite 420 | |)RIO | 24 | |
| | | А | Address | | | |
| | Islandia NY 11749 | ı | | | | |
| | • | City/State | and Zip Code | | | |
| | lee.rosner@gmail.co | om | | | | |
| | E- | -mail address: (to be used fo | or future annual | report notification) | | |
| For fur | ther information concerning th | is matter, please call: | | | | |
| | Lee A. Rosner | s | 631 at (| 786-0557 | | |
| | Name of Co | ontact Person | Area Code | Daytime Telephone Numb | er | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 | | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building | | |
| | Tallahassee, FL 32314 | | | 2661 Executive Center Circle Tallahassee, FL 32301 | | |
| | Enclosed is a check for the for Please make check payable to | | ENT OF STA | re | | |
| | □ \$125.00 Filing Fee | S130.00 Filing Fee & Certificate of Status | | Filing Fee & S160.00 Fi ed Copy of Status & | _ | |

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:

| Rosner Family Properti | | | | | | |
|--|--|--------------------------------|----------------------------------|-------------------------|--------------|-------------|
| (Name of Foreign | Limited Liability Company, must include "Limit | ted Liabilit | y Company," "L.L.C.," or "I | LLC.") | | |
| (If name unavailable, enter alternate n | ame adopted for the purpose of transacting business in Fl | lorida. The a | lternate name must include "Limi | ited Liability Compan | ry," "L.L.C, | or "LLC." |
| New York State 2. | | 3. | 27-3218280 | TAL | 20 | |
| (Jurisdiction under the law of what the law of | nich foreign limited liability company is organized) | | (FI | El number, il applicati | 19 NOV 12 | |
| | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ | o registration nine penalty | ı.) liability) | ARY OF | 2 PM | |
| 5. (Sma Memor | ial Hwy | 6. | 1601 Veterans Memo | rial Hwyr co | | 0 |
| Ste 420 | тикеры Опксу | | (Maili Ste 420 | ng Address) | 24 | |
| Islandia, NY 11749 | | | Islandia, NY 11749 | | <u>.</u> | |
| 7. Name and street addres | s of Florida registered agent: (P.O. Bo | x <u>NOT</u> | acceptable) | | | |
| Name: | Registered Agents Inc. | | | | | |
| Office Address: | 7901 4th St N, Ste 300 | | | | | |
| | St. Petersburg | | 33702 , Florida | ? | | |
| | (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.

(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]:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|-------------------------------------|--------------------|-------------------------------|
| Manager | Name: Lee A. Rosner | | Name: John C. Rosner |
| Member | Address: 1601 Veterans Memorial Hwy | ■ Member | Address:1337 NW Swiftshore Ct |
| Authorized | Ste 420 | ☐ Authorized | Bremerton, WA 983 |
| Person | Islandia, NY 11749 | Person | T III |
| Other | Other | Other | ^{د د} ر آ |
| ☐Manager | Name: | ☐ Manager | PH 3: 24 Name: 24 |
| _ | | _ | |
| Member | Address: | Member | Address: |
| Authorized | | ☐ Authorized | |
| 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.

Lee A. Rosner

State of New York Department of State } ss:

I hereby certify, that ROSNER FAMILY PROPERTIES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/06/2010, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 30th day of October two thousand and nineteen.

Bradan C Hydra

Brendan C Hughes
Executive Deputy Secretary of State