

MI9000011936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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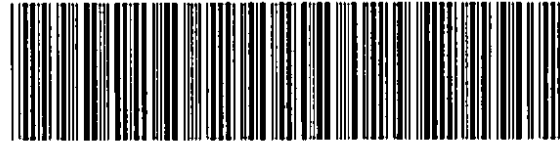
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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✓

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kipnes Crowley Group, 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:

Darrell Belch, Esq.

Name of Person

3H Corporate Services, LLC

Firm/Company

6 Clement Avenue

Address

Saratoga Springs, New York 12866

City/State and Zip Code

sosfilings@3hcs.com

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

For further information concerning this matter, please call:

Darrell Belch

Name of Contact Person

at (518)

Area Code

583-0639 Ext. 125

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

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TALLAHASSEE, FLORIDA

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. Kipnes Crowley Group, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. New York
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-1177190
(FEI number, if applicable)

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

5. 50 Main Street
(Street Address of Principal Office)

6. 50 Main Street
(Mailing Address)

Suite 1420

Suite 1420

White Plains, NY 10606

White Plains, NY 10606

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

Name: 3H Agent Services, Inc.

Office Address: 1415 Panther Lane, Suite 327

Naples, Florida 34109
(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.

[Signature]
(Registered agent's signature)

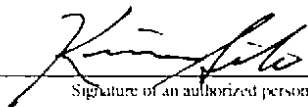
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Franklin Crowley</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Kevin Silo</u>
<input checked="" type="checkbox"/> Member	Address: <u>50 Main Street</u>	<input type="checkbox"/> Member	Address: <u>50 Main Street</u>
<input type="checkbox"/> Authorized	<u>Suite 1420</u>	<input type="checkbox"/> Authorized	<u>Suite 1420</u>
Person	<u>White Plains, NY 10606</u>	Person	<u>White Plains, NY 10606</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Todd Kipnes</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>50 Main Street</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 1420</u>	<input type="checkbox"/> Authorized	_____
Person	<u>White Plains, NY 10606</u>	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 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

Kevin Silo

Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that KIPNES CROWLEY GROUP, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/29/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department.

FILED
2019 NOV 20 PM 2:11
TALLAHASSEE, FLORIDA



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 68th day of November two
thousand and nineteen.*

Brandon C Hughes

*Brandon C Hughes
Executive Deputy Secretary of State*



Corporate Services

November 15th, 2019

BY FEDERAL EXPRESS

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Application (Foreign LLC) for Authorization to Transact Business in Florida
Kipnes Crowley Group, LLC

Dear Sir or Madam:

Please find attached an Application for Authorization to Transact Business in Florida for our client Kipnes Crowley Group, LLC. Also enclosed is a Certificate of Status from the entity's domicile state, New York, and check # 1406 in the amount of \$125 for payment of filing fee.

Please forward all correspondence in connection with this request to 3H Corporate Services, LLC, 6 Clement Avenue, Saratoga Springs, New York, 12866 Attn: Darrell Belch, Esq. Please do not hesitate to contact me at (518) 583-0639 Ext. 125 if you have any questions.

Yours truly,

Darrell T. Belch, Esq.

Attachments