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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

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Foreign Limited Liability Company AN ITALIAN AFFAIR LLC

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Help JAN 17 2020

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

IN COMPHANCE 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:

New York	ame adopted for the purpose of transacting business in Fl			
(Jurisdiction under the law of wh	hich foreign limited liability company is organized)	3	(FEI number, if applicable))
	Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) une penalty liability)		
339 E ORVIS ST		339 E ORVIS ST		
(Street Address of I	Principal Office)		(Mailing Address)	
MASSENA	NY 13662	MASS	SENA NY 13	3662
	NY 13662 ss of Florida registered agent: (P.O. Bo.	<u> </u>	SENA NY 13	3662 <u>)</u>
		(<u>NOT</u> acceptable)	SENA NY 13	
Name and street address	ss of Florida registered agent: (P.O. Bo.	(NOT acceptable)	SENA NY 13	· · · · · · · · · · · · · · · · · · ·

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Aaron Jolley Manager Manager Name: _____ 7901 4th St N STE 300 Address: ✓ Member Address: Member St. Petersburg FL 33702 Authorized Authorized Person Person Other___ Other____ Other___ Other _ Name: _____ Name: Manager ☐ Manager Member Address: Member Authorized Authorized Person Person Other Other Other_ Other_ Name: Manager Name: __ Manager Member Member Address: Authorized Authorized Person Person 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. Riley Park

Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that AN ITALIAN AFFAIR LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/26/2001, and that the Limited Liability Company is existing so far as shown by the records of the Department.



202001160404 · MS

Witness my hand and the official seal of the Department of State at the City of Albany, this 15th day of January

two thousand and twenty.

Breden C Hydra

Brendan C. Hughes

Executive Deputy Secretary of State