



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PRESCO PRESCO 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:

NATALIE SULIMANI

\_\_\_\_\_  
Name of Person

SULIMANI LAW FIRM PA

\_\_\_\_\_  
Firm/Company

260 1st Ave S, Suite 200-46

\_\_\_\_\_  
Address

Saint Petersburg FL 33701

\_\_\_\_\_  
City/State and Zip Code

NATALIE@SULIMANILAWFIRM.COM

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

For further information concerning this matter, please call:

NATALIE SULIMANI

212 8639614  
at ( )

\_\_\_\_\_  
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. PRESCO PRESCO 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 law of which foreign limited liability company is organized)

3. 46-0604247  
(FEI number, if applicable)

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

5. 1655 The Greens Way, Unit 2222  
(Street Address of Principal Office)

6. 260 1st Ave S, Suite 200-46  
(Mailing Address)

Jacksonville Beach, FL 32250  
Saint Petersburg, FL 33701

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

Name: NATALIE SULIMANI

Office Address: 260 1st Ave S, Suite 200-46

Saint Petersburg, Florida 33701  
(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.

N. Sulimani  
(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:**

☒ Manager Name: Caroline Ceniza-Levine  
☐ Member Address: 1655 The Greens Way  
☐ Authorized Unit 2222  
Person Jacksonville Beach, FL 32250  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

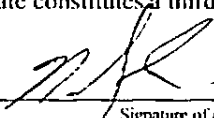
☒ Manager Name: Scott Ceniza-Levine  
☐ Member Address: 1655 The Greens Way  
☐ Authorized Unit 2222  
Person Jacksonville Beach, FL 32250  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other ☐ 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

Natalie Solimani  
\_\_\_\_\_  
Typed or printed name of signee

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

I hereby certify, that PRESCO PRESCO LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/28/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.



2020 JUN 27 PM 3:04  
TALLAHASSEE, FLORIDA

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*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 10th day of December two  
thousand and nineteen.*

*Brendan C. Hughes*

*Brendan C Hughes  
Executive Deputy Secretary of State*