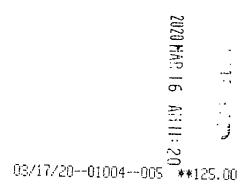
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(Requestor's Name)
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COVER LETTER

TO: * Registration Section Division of Corporations		
Hamilton Livery Leasing LLC		
Name Name	of Limited Liability Company	•
The enclosed "Application by Foreign Limited Liability C Existence, and check are submitted to register the above re	Company for Authorization to Transact Business in Florida. eferenced foreign limited liability company to transact business.	." Certificate c iness in Florid
Please return all correspondence concerning this matter to	the following:	
Chaim David Lemer		
	Name of Person	-
Hamilton Livery Leasing LLC		
	Firm/Company	-
100A Broadway #444		
	Address	-
Brooklyn NY 11249		
C	ity/State and Zip Code	-
Hamiltonleasing@gmail.com		
E-mail address: (to be	used for future annual report notification)	-
For further information concerning this matter, please cal	II:	2020 HAR 16
David Lerner	718 506-9367	- <u>学</u> : - 二
Name of Contact Person	Area Code Daytime Telephone Number	16
Mailing Address: Registration Section	Street Address: Registration Section	AH 11: 20
Division of Corporations	Division of Corporations	 ·
P.O. Box 6327	The Centre of Tallahassee	0
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF \$\formalle{\mathbb{X}}\$\$ \$125.00 Filing Fee \$ \text{\$\sigma}\$\$ \$130.00 Filing Fe Certificate of	e & 🔲 \$155.00 Filing Fee & 🗎 \$160.00 Filing Fe	

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Hamilton Livery Leasin					_
(Name of Foreign 1	umited Liability Company; must in	clude "Limited Liability Co	mpany," "L.E.C.," or "LLC.")		
(If some many lable over sterrate a	nine adented for the numbers of transaction	by husiness in Florida. The alter	nate name must include "Limited Liabilit	y Company," "L.L.C," or	_ "LLC.")
NY	, , , , , , , , , , , , , , , , , , ,		7-2896617		
			(FEI number, if	applicable)	_
(311176) FIRM MADE THE 1211 OF WI	,				
01/27/2020 4.					
4	(Date first transacted business in FI (See sections 605,0904 & 605,090)	orida, if prior to registration.) 6, FS to determine penalty liab	ility)	_	
177 Concord Street		10	0A Broadway #444		
S. (Street Address of Principal Office)		6	0A Broadway #444 (Mailing Address)		-
Brooklyn NY 11201		Br	ooklyn NY 11249		
		_			_
				2	
					_
7. Name and street address	s of Florida registered agent	: (P.O. Box NOT acc	eptable)	2020 Hir? 16	
		·		7.7	
	C T Corporation System				•
Name:				副北: 20	ت
0.00	1200 South Pine Island Ro	ad		: = =	-
Office Address:				7 00	,
	Plantation,		33324 , Florida		
	(C)	íty)	(Zip code)		
Registered agent's accep					
			r the above stated limited lia ed agent and agree to act in t		
to comply with the provisi	ions of all statutes relative to	o th <mark>e proper and com</mark> p	olete performance of my duti	ies, and I am famil	iar with
•	s of my position as registere	d agent.	Christine Keim		
В	y: C T Corporation System	Chimann And	Assistant Secretary	_	
	(R	egistered 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: Name and Address: Title or Capacity: Chaim David Lerner Name: ______ □ Manager ■ Manager 50 Skillman ST #3L □Member Address: ■ Member Brooklyn NY 11205 ☐ Authorized □ Authorized Person Person Other____ □Other ____ □Other □Other ____ Name: _____ □Manager □Manager □Member Address: □Member Address: □ Authorized □ Authorized Person Person □Other_____ Other____ \square Other $_$ Other___ □Manager Name: ______ □ Manager Name: □Member Address: 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), Fyorida 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 posson

Typed or printed name of signee

Chaim David Lemer

State of New York Department of State } ss:

I hereby certify, that HAMILTON LIVERY LEASING LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/10/2010, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 02nd day of March two thousand and twenty.

Braden C Hydra

Brendan C Hughes
Executive Deputy Secretary of State