

Maadoodo 4092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

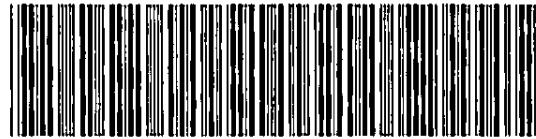
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Wp-37178



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RECEIVED  
04/23/20  
T. L. CLARK

APR 24 2020  
T. L. CLARK

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SLS BKLYN 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:

SALVATORE BOCHICCHIO

Name of Person

EAST COAST TAX CONSULTING GROUP, LLC

Firm/Company

5550 GLADES ROAD, SUITE 500

Address

BOCA RATON, FL 33431

City/State and Zip Code

SAL@EASTCOASTTAXCONSULTING.COM

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

For further information concerning this matter, please call:

SALVATORE BOCHICCHIO

561

826-9303

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2020

SALVATORE BOCHICCHIO  
5550 GLADES RD STE 500  
BOCA RATON, FL 334

SUBJECT: SLS BKLYN LLC  
Ref. Number: W20000037178

We have received your document for SLS BKLYN LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 320A00007889

SEE ATTACHED CERTIFICATE OF  
GOOD STANDING

RECEIVED

APR 23 2020

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. SLS BKLYN 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 3. 46-4184895  
(Jurisdiction under the law of which foreign limited liability company is organized) (F.I.F. number, if applicable)

4. NOVEMBER 1, 2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 60 BAY STREET 6. 60 BAY STREET  
(Street Address of Principal Office) (Mailing Address)  
STATEN ISLAND, NY STATEN ISLAND, NY  
10301 10301

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

Name: SALVATORE BOCHICCHIO  
Office Address: 5550 GLADES ROAD, SUITE 500  
BOCA RATON  
(City)

33431  
Florida (Zip code)

FILED  
MAR 28 PM 1:30  
S. of A. B. C. 11.00

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]:

Title or Capacity:                      Name and Address:  
☒ Manager              Name: DANIEL SAVINO JR  
☐ Member              Address: 68 TRICENTENNIAL DR  
☐ Authorized              FREEHOLD, NJ 07728  
Person \_\_\_\_\_  
☐ 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: JASON SMOLLAR  
☐ Member              Address: 2016 77TH STREET  
☐ Authorized              BROOKLYN, NY 11214  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_


☐ Manager              Name: \_\_\_\_\_  
☐ Member              Address: \_\_\_\_\_  
☐ Authorized              \_\_\_\_\_  
Person \_\_\_\_\_  
☐ 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 authorized person

DANIEL SAVINO JR  
\_\_\_\_\_  
Typed or printed name of signer

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

I hereby certify, that SLS BKLYN LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/22/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of SLS BKLYN LLC was filed on 01/30/2014.

A Biennial Statement was filed 11/22/2016.

A Biennial Statement was filed 11/03/2017.

A Biennial Statement was filed 11/06/2019.

I further certify, that no other documents have been filed by such Limited Liability Company.



\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 09th day of March  
two thousand and twenty.

*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State