

5/6/2020

Division of Corporations

**H200001344173**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

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

Email Address: statenotices@vcorpservices.com

**Foreign Limited Liability Company  
PPG Design and Development LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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# 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. PPG Design and Development 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 Jersey

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-0609367

(F.E.I. number, if applicable)

4. Upon filing

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

5. (Street Address of Principal Office)

440 Sylvan Ave.

Englewood Cliffs, NJ 07632

6. (Mailing Address)

440 Sylvan Ave.

Englewood Cliffs, NJ 07632

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

Name: Vcorp Services, LLC

Office Address: 5011 South State Road 7, Suite 106

Davie

(City)

Florida

33314

(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.

Miriam Nachison

(Registered agent's signature)

Assistant Secretary

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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>Natalie Zanziper</u>          | <input type="checkbox"/> Manager           | Name: <u>Rachel Hyman</u>              |
| <input checked="" type="checkbox"/> Member | Address: <u>440 Sylvan Ave.</u>        | <input checked="" type="checkbox"/> Member | Address: <u>440 Sylvan Ave.</u>        |
| <input type="checkbox"/> Authorized        | <u>Englewood Cliffs, NJ 07632</u>      | <input type="checkbox"/> Authorized        | <u>Englewood Cliffs, NJ 07632</u>      |
| Person                                     | <u></u>                                | Person                                     | <u></u>                                |
| <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> |
| <br><input type="checkbox"/> Manager       | <br>Name: <u>Meir Nitekman</u>         | <br><input type="checkbox"/> Manager       | <br>Name: <u></u>                      |
| <input checked="" type="checkbox"/> Member | Address: <u>440 Sylvan Ave.</u>        | <input type="checkbox"/> Member            | Address: <u></u>                       |
| <input type="checkbox"/> Authorized        | <u>Englewood Cliffs, NJ 07632</u>      | <input type="checkbox"/> Authorized        | <u></u>                                |
| Person                                     | <u></u>                                | Person                                     | <u></u>                                |
| <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> |
| <br><input type="checkbox"/> Manager       | <br>Name: <u></u>                      | <br><input type="checkbox"/> Manager       | <br>Name: <u></u>                      |
| <input type="checkbox"/> Member            | Address: <u></u>                       | <input type="checkbox"/> Member            | Address: <u></u>                       |
| <input type="checkbox"/> Authorized        | <u></u>                                | <input type="checkbox"/> Authorized        | <u></u>                                |
| Person                                     | <u></u>                                | Person                                     | <u></u>                                |
| <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> |

**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

Meir Nitekman

Typed or printed name of signer

# State of New York Department of State } ss:

I hereby certify, that PPG DESIGN AND DEVELOPMENT LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/12/2020, 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 PPG DESIGN AND DEVELOPMENT LLC was filed on 04/30/2020.

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 05th day of May  
two thousand and twenty.*

*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State

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