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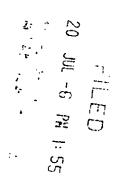




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COVER LETTER

TO: Registration Section
Division of Corporations

| CHD IECT. | 330 MUIRFIELD LOOP LLC | | |
|-----------|-----------------------------------|---|--|
| SUBJECT: | 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:

| | Name of Person | | |
|--|--|---|---------------------------------------|
| Milgrim Law Group | | | |
| | Firm/Company | · · · · · · · · · · · · · · · · · · · | |
| 3216 Corrine Drive | | | |
| | Address | 1 | |
| Orlando, Fl. 32803 | | | |
| C | ity/State and Zip Code | | |
| ebaronos@hotmail.com | | | |
| E-mail address: (to be | used for future annual | report notification) | - 6 |
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| er information concerning this matter, please cal | 11: | | |
| er information concerning this matter, please cal Charles Nix | 407 | 242-7707 | Jul6 |
| - | | 242-7707 Daytime Teleph | · · · · · · · · · · · · · · · · · · · |
| Charles Nix Name of Contact Person Mailing Address: | 407 at (| Daytime Teleph | · · · · · · · · · · · · · · · · · · · |
| Charles Nix Name of Contact Person Mailing Address: Registration Section Division of Corporations | at (at (Area Code Street Address: Registration Se Division of Co | Daytime Telephection | none Number |
| Charles Nix | at (Area Code Street Address: Registration Se Division of Co The Centre of | Daytime Telephection proporations Tallahassee pe Street, Suite 81 | none Number |

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

IN COMPILANCE 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:

| 2. New York (Jurisdiction under the law of which foreign lumited liability company is organized) 4. (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 7. Pin Hook Lane 5. (Street Address of Principal Office) Pittsford, NY 14534 Pittsford, NY 14534 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Milgrim Law Group | ·- | | | | | | ame adopted for the purpose of transacting business | me mavaname, emer anermae n |
|--|----|-----------------------------|----|------------------|-----------------|---------------------------|--|---------------------------------|
| (Jurisdiction under the law of which foreign limited liability company is organized) (Pate first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 7 Pin Hook Lane 5. Street Address of Principal Office) Pittsford, NY 14534 Pittsford, NY 14534 Pittsford, NY 14534 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Milgrim Law Group | | | | | | 3 | | |
| 7 Pin Hook Lane 6. (Mailing Address) Pittsford, NY 14534 Pittsford, NY 14534 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Milgrim Law Group | | (FEI number, if applicable) | | | J | nized) | (Jurisdiction under the law of which foreign lumited liability company is organized) | |
| 7 Pin Hook Lane 6. Street Address of Principal Office) Pittsford, NY 14534 Pittsford, NY 14534 Pittstord, NY 14534 Pittstord, NY 14534 Pittstord, NY 14534 Pittstord, NY 14534 Milgrim Law Group Name: Milgrim Law Group | | | | | ution 1 | of arror to reprintention | (Date first transacted business in Florida of our | |
| 7 Pin Hook Lane 6. (Mailing Address) Pittsford, NY 14534 Pittsford, NY 14534 Pittsford, NY 14534 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Milgrim Law Group | | | | | alty liability) | s. to determine penalty | (See sections 605 0904 & 605 0905, F.S. to de | |
| Pittsford, NY 14534 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Milgrim Law Group Name: | | | | Hook Lane | 7 Pin F | | | 7 Pin Hook Lane |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Milgrim Law Group Name: | | | - | Mailing Address) | (Ma | 0. | | et Address of Principal Office) |
| Name: Milgrim Law Group | | | | ord, NY 14534 | Pittsfor | | | Pittsford, NY 14534 |
| Name: Milgrim Law Group | | | | | | | | |
| Name: Milgrim Law Group 5 5 6 6 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | | 20 | 3. | ble) | T_acceptab | '.O. Box <u>NOT</u> | s of Florida registered agent: (P.O. I | Name and street addres |
| | | 9- 111 | | | | | Milgrim Law Group | Name: |
| Office Address: | | | | | | | 3216 Corrine Drive | Office Address: |
| Orlando 32803 | | ζ1 | | | | | | |

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]:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|---------------------------|--------------------|--------------------------|
| ■Manager | Name: Eleftherios Baronos | ■Manager | Name: Vinceta Baronos |
| □Member | Address: 7 Pin Hook Lane | □Member | Address: 7 Pin Hook Lane |
| □Authorized | Pittsford, NY 14534 | □Authorized | Pittsford, NY 14534 |
| Person | | Person | |
| □Other | Other | □Other | □Other |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| □Other | Other | □Other | Other |
| | | | |
| □Manager | Name: | □Manager | Name: C |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | , g |
| Person | | Person | |
| □Other | | □Other | |
| | | | |

<u>Important Notice</u>: 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

Eleftherios Baronos

Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that 330 MUIRFIELD LOOP LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/15/2017, 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 12th day of June two thousand and twenty.

Brandon C Higher

Brendan C Hughes
Executive Deputy Secretary of State