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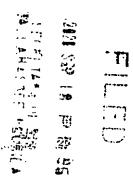
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cover letter

TO:

Registration Section

ECT: Nam	e of Limited Liability Company	
	Company for Authorization to Transact Business in Florida," Certi referenced foreign limited liability company to transact business in	
return all correspondence concerning this matter t	to the following:	
Mario Procida		
	Name of Person	
Procida Development Group LLC		
	Firm/Company	
456 E. 173rd Street		
	Address	
Bronx, NY 10457		
C	City/State and Zip Code	
swilliams@procidacompanies.com		
E-mail address: (to be	e used for future annual report notification)	
rther information concerning this matter, please ca	M:	
Sarah Williams	718 299-7000 Ext. 234	
Name of Contact Person	at () Area Code Daytime Telephone Number	
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
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 ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fe		

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

IN COMPLIANCE WITH SECTION (05 (002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Procida Development C				
(Name of Foreign	Limited Liability Company, must include "Limited	d Liabilit	hty Company," "L.L.C.," or "LLC.")	
(I name unavailable, enter alternate r	same adopted for the purpose of transacting business in Fl	lorida The	he alternate name must include "Limited Liability Company," "L.L.C."	" or "I.I.C."
New York			81-1639194	
	high foreign limited hability company is organized)	3.	3. (FEI number, if applicable)	
(Jurisdiction under the law of w	high foreign limited hability company is organized)		(FEI number, if applicable)	
4	(Date first transacted business in Florida, if prior to (See sections 605 (804 & 605 (805, F.S. to determine))	registratio	āon) Ity hability)	
456 E. 173rd Street			456 E. 173rd Street	
5. (Street Address of Principal Office)		6.	(Mading Address)	
Bronx, NY 10457			Bronx, NY 10457	
Dioux, 81 10437			Diona, 141 10927	
	COLUMN TO THE TOTAL OF THE TOTA	NEVT	r	
7. Name and street addres	s of Florida registered agent: (P.O. Box	<u>NO1 :</u>	Lacceptante)	
	Lead Charles			
Name:	Joseph Chambers			
	5852 Dora Drive		The contract of the contract o	ı
Office Address:	District (2004) 12000			
	Mount Dora		32757	
	(City)		Florida	
	(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.

(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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Perri Procida Name: Mario Procida □ Manager **■**Manager Address: _ 456 E. 173rd Street 456 E. 173rd Street Address: ■Member □ Member Bronx, NY 10457 Bronx, NY 10457 □ Authorized □ Authorized Person Person □Other □Other □Other □ Other □Manager □Manager Name: Name: □Member Address: _____ Address: □Member □ Authorized ☐ Authorized Person Person □Other____ □Other___ □Other___ □Other___ □ Manager Name: □Manager Name: □Member Address: _____ ☐ Member Address: ______ ☐ Authorized □Authorized Person Person □Other_____ □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). 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.

Mario Procida

Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that PROCIDA DEVELOPMENT GROUP LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/29/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 11th day of September two thousand and twenty.

Brandon C Hydra

Brendan C Hughes
Executive Deputy Secretary of State