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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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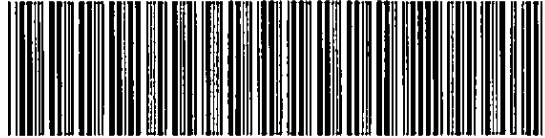
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

US  
1/21/21

**DAVID B. PETSHAFT, P.C.**  
COUNSELORS AT LAW  
707 WESTCHESTER AVE, STE 207  
WHITE PLAINS, NY 10604  
TELEPHONE: (914) 597-7900  
FACSIMILE: (914) 597-7930

*Sent via*  
**FEDERAL EXPRESS**

January 20, 2021

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

**Re: Foreign Registration**  
**ARIZONA INTERNATIONAL LLC (NY)**

**FILED**  
2021 JAN 21 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

Dear Sir or Madam:

In connection with the above-referenced entity, enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, as well as a Certificate of Existence from the State of New York, to be filed with the Division of Corporations- Registration Section along with a check in the amount of One Hundred Sixty Dollars (\$160.00). Said check represents the total fee for the filing, a certificate of status and a certified copy.

Also enclosed is a **federal express label** (with our office's federal express account number therein) in order to overnight the requested certificate of status back to the address listed above. Thank you. Should you have any questions or concerns, please feel free to contact me directly at (914) 597-7917. Thank you.

Sincerely,  
**DAVID B. PETSHAFT, P.C.**



Christopher R. Skrypack, Esq.

Encl.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARIZONA INTERNATIONAL, 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:

CHRISTOPHER R. SKRYPACK

Name of Person

DAVID B. PETSHAFT, P.C.

Firm/Company

707 WESTCHESTER AVE, SUITE 207

Address

WHITE PLAINS, NEW YORK 10604

City/State and Zip Code

CRS@DBPLAW.COM

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

For further information concerning this matter, please call:

CHRISTOPHER SKRYPACK

914

597-7917

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

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TALLAHASSEE, FL

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. ARIZONA INTERNATIONAL, 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 STATE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. S1-0547450  
(FEI number, if applicable)

4. JANUARY 16, 2021  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 2450 WEST COPANS ROAD  
(Street Address of Principal Office)

6. 707 WESTCHESTER AVE, SUITE 207  
(Mailing Address)

POMPAN0 BEACH, FLORIDA 33069  
WHITE PLAINS, NEW YORK 10604

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

Name: NRAI SERVICES, INC.

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, FLORIDA 33324  
(City) . Florida (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.

Ed Hand, Ant. Secretary  
(Registered agent's signature)

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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]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: DON VULTAGGIO

☐ Member Address: 60 CROSSWAYS PARK DR

☐ Authorized WEST

Person WOODBURY, NY 11797

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☒ Manager Name: DAVID K. MENASHI

☐ Member Address: 60 CROSSWAYS PARK DR

☐ Authorized WEST

Person WOODBURY, NY 11797

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

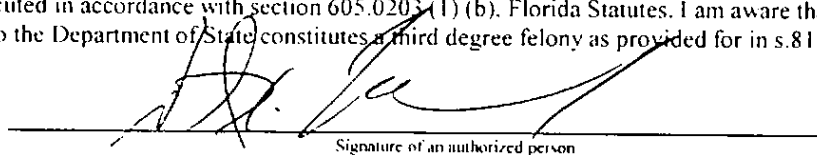
Person \_\_\_\_\_

☐ 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 an authorized person

DAVID K. MENASHI

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FL

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

I hereby certify, that ARIZONA INTERNATIONAL, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/12/2002, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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TALLAHASSEE, FL

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 15th day of January two  
thousand and twenty-one.*

*Brendan C. Hughes*

Brendan C Hughes  
Executive Deputy Secretary of State