

M21000084353

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@FORTCHRISTOPHERS.COM

Foreign Limited Liability Company
SHELLI ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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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. SHELLI ASSOCIATES, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

NEW YORK

41-2223165

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

3. (FEI number, if applicable)

UPON REGISTRATION

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

C/O CHRISTOPHER SHELLI

C/O RONALD S. SHELLI

5. (Street Address of Principal Office)

6. (Mailing Address)

100 S. 2ND STREET- SUITE 202

8 SCHALREN DR.

FORT PIERCE, FL 34950

LATHAM, NEW YORK 12110

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

Name: DEAN MEAD SERVICES, LLC

Office Address: 420 S. ORANGE AVENUE, SUITE 700

ORLANDO, FL

32801

(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.

Designated by
Dana Apfelbaum

, authorized signatory for Dean Mead Services, LLC

(Registered agent's signature)

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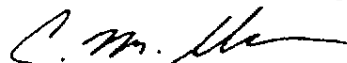
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	RONALD SHELLI		<input type="checkbox"/> Manager	Name:	CHRISTOPHER SHELLI	
<input checked="" type="checkbox"/> Member	Address:	8 SCHLAREN DR.		<input checked="" type="checkbox"/> Member	Address:	3093 COUNTY ROUTE 46	
<input type="checkbox"/> Authorized		LATHAM, NY 12110		<input type="checkbox"/> Authorized		FORT EDWARD, NY 12828	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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

CHRISTOPHER SHELLI

Typed or printed name of signer

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State of New York
Department of State } ss:

I hereby certify, that SHELLI ASSOCIATES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/14/2006, and that the Limited Liability Company is existing so far as shown by the records of the Department.



FILED
2021 MAR -2 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FL

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 24th day of February two
thousand and twenty-one.

Brendan C. Hughes

Brendan C Hughes
Executive Deputy Secretary of State

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