

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ALLEY, MAASS, ROGERS & LINDSAY, P.A.
Account Number : 072100000047
Phone : (561)659-1770
Fax Number : (561)833-2261

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

Email Address: lhamby@amrl.com

**Foreign Limited Liability Company
1352 Commerce Avenue, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

RECEIVED

2021 JUN 21 PM 4:05

2021 JUN 21 AM 10:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1352 Commerce Avenue, 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:

Louis L. Hamby III

Name of Person

Alley, Maass, Rogers & Lindsay, P.A.

Firm/Company

340 Royal Poinciana Way, Suite 321

Address

Palm Beach, FL 33480

City/State and Zip Code

lhamby@amrl.com

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

For further information concerning this matter, please call:

Louis L. Hamby III

561

659-1770

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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**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. 1352 Commerce Avenue, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. State of New York Department of State 3. 81-4410208
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. upon qualification
(Date firm transacted business in Florida, if prior to registration.)
(See sections 601.0904 & 605.0903, F.S. to determine penalty liability)


5. 2500 Halsey Street 6. 2500 Halsey Street
(Street Address of Principal Office) (Mailing Address)
Bronx, NY 10461 Bronx, NY 10461

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

Name: Louis L. Hamby III
Office Address: 340 Royal Poinciana Way, Suite 321
Palm Beach 33480
(City) (Zip code)
Florida

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)

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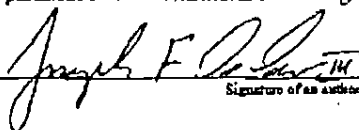
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Joseph F. Dedona III</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>2500 Halsey Street</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Bronx, NY 10461</u>	<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.317.155, F.S.



 Signature of an authorized person

Joseph F. Dedona III

 Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that 1352 COMMERCE AVENUE, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/14/2016, 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 07th day of April two
thousand and twenty-one.

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State