

M2200001142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

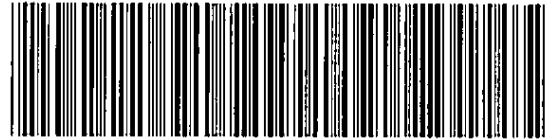
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JAN 24 PM 4:28

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2022 JAN 24 AM 11:56

STATE OF ALABAMA
JANUARY 24, 2022

STATE OF ALABAMA
JANUARY 24, 2022

S. FRANKLIN

JAN 25 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 425795 7448543

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : January 21, 2022

ORDER TIME : 9:16 AM

ORDER NO. : 425795-005

CUSTOMER NO: 7448543

FOREIGN FILINGS

NAME: AGNOM ASSOCIATES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

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2022 JAN 24 PM 4:30
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Agnom Associates, 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:

Kim Taylor

Name of Person

Benderson Development Company, LLC

Firm/Company

7978 Cooper Creek Blvd

Address

University Park, Florida 34201

City/State and Zip Code

taxdepartment@benderson.com

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

For further information concerning this matter, please call:

Kim Taylor

941

359-8303

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

FILED
2022 JAN 29 PM 4:30
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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. Agnom Associates, 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FIC number, if applicable)

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

5. 7978 Cooper Creek Blvd., 6. 7978 Cooper Creek Blvd
(Street Address of Principal Office) (Mailing Address)

University Park, Florida 34201 University Park, Florida

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

Name: Alicia H. Gayton

Office Address: 7978 Cooper Creek Blvd

University Park, Florida 34201 34201
(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.

By: [Signature]
(Registered agent's signature)

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2022 JAN 28 PM 4:30
CLERK OF COURT
JAN 28 2022

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: David H. Baldauf
☐ Member Address: 7978 Cooper Creek Blvd
☐ Authorized University Park, Florida 34201
 Person _____
☐ Other _____ ☐ Other _____

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

☒ Manager Name: Shaun Benderson
☐ Member Address: 7978 Cooper Creek Blvd
☐ Authorized University Park, Florida 34201
 Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Stephen C. Scalione
☐ Member Address: 7978 Cooper Creek Blvd
☐ Authorized University Park, Florida 34201
 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

Stephen C. Scalione, Manager

 Typed or printed name of signer

2022 JAN 26 PM 4:30
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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: AGNOM ASSOCIATES, LLC
DOS ID Number: 2927393
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 07/07/2003

Statement Status: CURRENT
Statement Due Date: 07/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.

FILED
2022 JAN 25 PM 4:30
TALLAHASSEE, FL
STATE

WITNESS my hand and official seal of the Department of State,
at the City of Albany, on January 21, 2022 at 04:31 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State