

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
675 HEMPSTEAD TURNPIKE LLC**

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

2022 MAY 17 AM 11:24

S. FRANKLIN  
MAY 18 2022

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

IN COMPLIANCE WITH SECTION 605.001, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. 673 Hempstead Turnpike LLC  
 (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")  
 (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 "LLP.")

2. New York  
 Jurisdiction under which this Foreign Limited Liability Company is organized

3. 04/28/2022  
 Date of formation of business in jurisdiction of origin  
 (Date of formation of business in jurisdiction of origin; if not known, enter date of first transaction in jurisdiction of origin)

4. 444 Route 111 Ste 1  
 Principal address of Foreign Office

5. Smithtown, NY 11787  
 Principal address of Foreign Office

6. 444 Route 111 Ste 1  
 Principal address of Foreign Office

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

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Drive, Suite A

Tallahassee 32301  
 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.

Jose Mojica, Asst Sec.

(Name of registered agent's agent)

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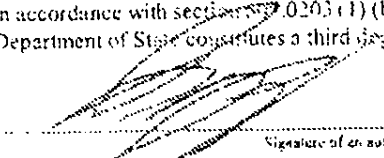
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Robert Rossi	<input type="checkbox"/> Manager	Name: .....
<input checked="" type="checkbox"/> Member	Address: 444 Route 111 Ste 1	<input type="checkbox"/> Member	Address: .....
<input type="checkbox"/> Authorized	Smithtown, NY 11787	<input type="checkbox"/> Authorized	.....
Person	.....	Person	.....
<input type="checkbox"/> Other .....	<input type="checkbox"/> Other .....	<input type="checkbox"/> Other .....	<input type="checkbox"/> Other .....
<input checked="" type="checkbox"/> Manager	Name: Roger Delisle	<input type="checkbox"/> Manager	Name: .....
<input type="checkbox"/> Member	Address: 444 Route 1 Ste 1	<input type="checkbox"/> Member	Address: .....
<input type="checkbox"/> Authorized	Smithtown, NY 11787	<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 220.03 (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

Typed or printed name of signer

## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I, ROBERT J. RODRIGUEZ, 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:	675 HEMPSTEAD TURNPIKE LLC
DOS ID Number:	3663432
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	04/25/2008
Statement Status:	CURRENT
Statement Due Date:	04/30/2024

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I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	ARTICLES OF ORGANIZATION
Date of Filing:	04/25/2008
Entity Name:	675 HEMPSTEAD TURNPIKE LLC

Document Type:	CERTIFICATE OF PUBLICATION
Date of Filing:	08/08/2008

Document Type:	BIENNIAL STATEMENT
Date of Filing:	05/05/2010
Effective Date:	04/01/2010

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 06/01/2012  
**Effective Date:** 04/01/2012

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 04/16/2014  
**Effective Date:** 04/01/2014

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 10/03/2016  
**Effective Date:** 04/01/2016

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 04/03/2018  
**Effective Date:** 04/01/2018

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 04/03/2020  
**Effective Date:** 04/01/2020

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 05/10/2022  
**Effective Date:** 04/01/2022

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Above space is left blank intentionally.

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

WITNESS my hand and official seal of the Department  
of State, at the City of Albany, on May 16, 2022 at  
04:20 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State

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