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Foreign Limited Liab 15-33 CLINTONV	ILLE LLC
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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:

**15-33 CLINTONVILLE LLC** 

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

NEW YORK			
	3.		
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)		
		1611	
(Det Cast to marked business in Claring (Caster to mark			
(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	pensity liability)		
11-24 154TH STREET	11-24 154TH STREET	ා -	
reet Address of Principal Office)	(Mailing Address)	<u>`</u>	
WHITESTONE, NY 11357	WHITESTONE, NY 11357		

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

Name:		<u>.                                    </u>
Office Address:	3335 NE 32ND STREET	
	FORT LAUDERDALE	33308 , Florida
	(Сау)	(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.

Docu8ign (Registered agents 5 181A34779 LÜČA GRACI

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Typed or printed name of signee

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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:	Title or Capacity	<u>y:</u>	Name and Address:
□Manager	Name: LUCA GRACI	Manager	Name:	
Member	Address:	Member	Address:	
DAuthorized		□Authorized		
Person	WHITESTONE, NY 11357	Person		
Other	Other	Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
Authorized		□Authorized		202
Person	,,	Person		
Other	Other	Other		DOther 2
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized	· · · · · · · · · · · · · · · · · · ·	Authorized		
Person		Person	<u> </u>	
Other	Other			□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. -DocuSioned by:

A states	
FOB1A347704643E	
Signature of an autorized pers	n

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	STATE OF NEW YORK	H22000357199
	DEPARTMENT OF STATE	
	Certificate of Status	
required by law to be filed in my	JEZ, Secretary of State of the State of New office, do hereby certify that upon a dilig and time of this certificate, the following entity	ent examination of the records of the
Entity Name:	15-33 CLINTONVILLE LLC	
DOS ID Number:	5353535	
Entity Type:	DOMESTIC LIMITED LIABILITY	COMPANY
Entity Status:	EXISTING	
Date of Initial Filing with DOS:		
Statement Status:	CURRENT	
Statement Due Date:	06/30/2024	
		2372
I certify that the following is a list of	f documents on file in the Department of State :	for said entity: $\overline{\infty}$
Document Type:	ARTICLES OF ORGANIZATION	ې بې
Date of Filing:	06/05/2018	
Entity Name:	15-33 CLINTONVILLE LLC	ď.
Document Type:	BIENNIAL STATEMENT	
Date of Filing:	09/09/2022	
Effective Date:	06/01/2022	
		H22000357199

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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 October 18, 2022 at 08:16 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hugh

By Brendan C. Hughes Executive Deputy Secretary of State



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