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| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | 14/1/1/1/2 |
|--|--|
| SUBJECT: FRANCESCO Name of | east) Holdings LLC |
| The enclosed "Application by Foreign Limited Liability Com- Existence, and check are submitted to register the above refer | pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida |
| Please return all correspondence concerning this matter to the | following: |
| Henry DO | boy |
| Francisco K | ealty Holding Cle |
| 21 Borage | rm/Company Place |
| Forest Hill | Address |
| | tate and Zip Code 7 9 Mail. (Uh. 1 for future annual report notification) |
| / E-mail address: (to/be use | d for future annual report notification) |
| For further information concerning this matter, please call: | at (5/6) 998 - 6770 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 DEPART \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Sta | □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate |

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

| COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | OLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY DELINATION OF "LLC." or "LLC.") |
|--|--|
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in F 2. (Jurisdiction under the law of which foreign limited liability company is organized) | orida. The alternate name must include "Limited Liability Company," "LL.C," or "LLC.") 3. (FEI number, if applicable) |
| 4. (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ 5. 2 Borage Place (Street Address of Principal Office) Hills NY | registration.) ine penalty liability) 6 |
| 7. Name and street address of Florida registered agent: (P.O. Box | NOT acceptable) |
| Name: STVAYTON Bea | Plorida 1343 JESS D. Florida 1 |
| | process for the above stated limited liability company at the place is registered agent and agree to act in this capacity. I further agree and complete performance of my duties, and I am familiar with |

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: Title or Capacity: Name and Address: □ Manager Name: □Member Address: □ Authorized □ Authorized Person Person Other Other Other__ □Other____ Name: _____ Name: _____ Manager □ Manager □Member Address: ☐ Member Address: □ Authorized □ Authorized Person Person □Other____ □Other____ Other ... Other_ Name: _____ Name: _____ ☐ Manager □Manager □Member Address: ☐ Member Address: □ Authorized □ Authorized Person Person □Other_____ 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.

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO. 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: FRANCESCO REALTY HOLDINGS, LLC

DOS ID Number: 3297515

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 12/27/2005

Statement Status: CURRENT
Statement Due Date: 12/31/2023

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 November 16, 2021 at 02:33 P.M.

ROSSANA ROSADO, Secretary of State

Brandon C Hughen

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100000644328 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov