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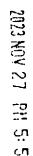
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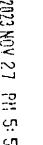
Office Use Only



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11/27/23--01051--008 **160.00







COVER LETTER

TO:

Registration Section Division of Corporations

| Nam | ne of Limited Liability Company |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| iclosed "Application by Foreign Limited Liability nee, and check are submitted to register the above | Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori |
| return all correspondence concerning this matter t | to the following: |
| WAYNE THOMPSON | |
| | Name of Person |
| ALBION VENTURES LLC | |
| | Firm/Company |
| 255 EXECUTIVE DRIVE, STE 202 | |
| | Address |
| PLAINVIEW, NY 11803 | |
| | City/State and Zip Code |
| WAYNE@ALBIONVENTURESLLC.C | СОМ |
| E-mail address: (to be | e used for future annual report notification) |
| ther information concerning this matter, please ca | ıll: |
| WAYNE THOMPSON | 516 286-4129 at () |
| Name of Contact Person | at () Area Code Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations | Street Address: Registration Section Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fe | |

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:

| ALBION VENTURES | LLC | | | |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------|
| (Name of Foreign I | Limited Liability Company; must include "Limited | Liability (| Company," "L.L.C.," or "LLC.") | |
| t name unavailable, enter alternate n | aine adopted for the purpose of transacting business in Flor | rida, The alt | alternate name must include "Limited Liability Company," "L.L.C," o | r "U.C." |
| NEW YORK | | | 26-3405350 | |
| (Jurischetion under the law of wh | nch toreign limited liability company is organized) | 3 | (FEI number, if applicable) | |
| 06/30/2023 | | | | |
| · | (Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine | gistration.) e penalty lia | .) lability) | |
| 255 EXECUTIVE DRI | | , | | |
| treet Address of Principal Office) | | ъ. – | (Mailing Address) | |
| PLAINVIEW, NY 1180 |)3 | | | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | |
| | | _ | | _ |
| Name and street address | s of Florida registered agent: (P.O. Box 1 | NOT ac | ccentable) | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| Name: | MAUNE THOMPSON | | : 10 | |
| | WAYNE THOMPSON | | 023 | |
| Office Address: | 2000 METROPICA V SUNRISE | NAY | UNIT 1903 Florida 333333 Zip code) 5: | ر از |
| | Cu10 | | | in the little of |
| | | | , Florida | |
| | | | ည် | |
| egistered agent's accept <i>aving been named as reg</i> | | ocess fo | or the above stated limited liability company at i | the pla |
| signated in this applicat comply with the provision | ion, I hereby accept the appointment as i ons of all statutes relative to the proper a | registere | red agent and agree to act in this capacity. I fui uplete performance of my duties, and I am fami | rther a |
| id accept the obligations | of my position as registered agent. | | | |
| | | | | |
| | (Registered agent's sig | inature) | | |

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: Name and Address: WAYNE THOMPSON **■** Manager Name: _____ ☐ Manager Address: 200 BAYVIEW AVE □Member □ Member Address: AMITYVILLE NY 11701 □ Authorized ☐ Authorized Person Person □Other □Other □Other □Other__ □ Manager Name: Name: □ Manager □ Member Address: _____ Address: _____ □Member ☐ Authorized ☐ Authorized Person Person □Other_____ □Other_____ ☐ Other_____ ☐Other_____ □ Manager Name: _____ Name: □ 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. Signature of an authorized person WAYNE THOMPSON

Typed or printed name of signee

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:

ALBION VENTURES LLC

DOS ID Number:

3720891

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

09/16/2008

Statement Status:

CURRENT

Statement Due Date:

09/30/2022

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 08, 2023 at 10:00 A.M.

Brandon C Heylan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100004629800 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dus.ny.gov