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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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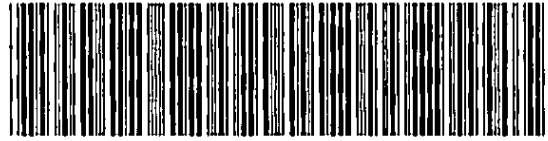
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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K. SALY  
SEP 13 2017

**Saly, Karen**

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**From:** Anna Costaras <costaras.a@gmail.com>  
**Sent:** Thursday, September 07, 2017 11:57 AM  
**To:** Saly, Karen  
**Subject:** Costaras LLCs

Hi Karen.

Please use the following mailing address for all my LLCs:

Anna Costaras

c/o

**Harris Liolis, Esq**

**Liolis & Katsiitis, LLP**

**31-10 37th Avenue**

**Suite 301**

**Long Island City|New York 11101**

**Thank you again for all your help in processing my foreign LLCs. Please don't hesitate to call me if you require any additional information.**

**Best regards,**

**Anna Costaras**

**516 319-5692**

Sent from my iPhone

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 7124 Babcock Road 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:

Anna Costaras  
Name of Person

7124 Babcock Road LLC  
Firm/Company

PO Box 606  
Address

Manhasset, NY 11030  
City/State and Zip Code

STARCOpartners@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Costaras at ( 516 ) 319-5692  
Name of Contact Person 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:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. 7124 Babcock Road 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. 82-2392270  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 70 Liolis & Katsihitis, LLP 6. PO Box 606  
(Street Address of Principal Office) (Mailing Address)  
ATTN: HARRIS Liolis, ESQ.  
31-10 37th AVE, STE. 301  
LONG ISLAND CITY, NY 11101  
MANHASSET, NY 11030

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

Name: Manuel Alvarez  
Office Address: Amerivest Realty  
4851 Tamiami Trail N. # 258, Florida 34103  
(City) Maple (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.*

[Signature]  
(Registered agent's signature)

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 TALLAHASSEE, FLORIDA

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Anna Costaras</u>	<u>SAME AS ABOVE</u>	_____	_____
<u>George Costaras</u>	<u>SAME AS ABOVE</u>	_____	_____

(Use attachments if necessary)

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]  
Signature of an authorized person  
Anna Costaras  
Typed or printed name of signer

**State of New York  
Department of State } ss:**

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TALLAHASSEE, FLORIDA

I hereby certify, that 7124 BABCOCK ROAD LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/03/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.

I further certify, that no other documents have been filed by such Limited Liability Company.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 11th day of August  
two thousand and seventeen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", written over a horizontal line.

Brendan W. Fitzgerald  
Executive Deputy Secretary of State