

M2100000462
Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6393

From: Account Name : VCORP SERVICES, LLC
Account Number : 120080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

2021 JAN 12 AM 9:28
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
1701 BM LLC

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

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2021 JAN 12 PM 12:10

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

IN COMPLIANCE WITH SECTION 605.020, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 1701 BM LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

2. Nevada
(Jurisdiction under the law of which foreign limited liability company is organized) 3.
(FRS number, if applicable)

4. 01/11/21
(Date last organized/formed in Florida; if prior to registration, also include 405.0201 & 405.0202, P.S. to determine priority liability)

5. 67 Woodmere Blvd. South
(Street Address of Principal Office) Woodmere, NY 11598
6. 67 Woodmere Blvd. South
(Homeing Address) Woodmere, NY 11598

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Steinberg & Associates, P.A.
Office Address: The Senator Law Center, 767 Arthur Godfrey Road
Miami Beach Florida 33140
(City) (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.

(Registered agent's signature)

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Row 1: Member, Michael Konig, 67 Woodmere Blvd. South, Woodmere, NY 11598.

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 605.020(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, P.S.

Signature of authorized person
Michael Konig
Typed or printed name of signer

2021 JAN 12 AM 9:28
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SECRETARY OF STATE



**CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING**

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **1701 BM LLC**, as a **DOMESTIC LIMITED-LIABILITY COMPANY (86)** duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/11/2021, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/12/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State



Certificate Number: B202101121344795

You may verify this certificate
online at <http://www.nvsos.gov>