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Florida Department of State
Division of Corporations
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SUBV. MARKETING DIVISION
TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FILE RIGHT LLC
Account Number : 120170000091
Phone : (718) 878-5811
Fax Number : (718) 732-4580

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sales@fileacorp.com ✓

Foreign Limited Liability Company
14323 LUCERNE OWNER LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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CORPORATION OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 14323 LUCERNE OWNER 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:

Name of Person

FILE RIGHT LLC

Firm/Company

5314 16TH AVENUE SUITE 139

Address

BROOKLYN, NY 11204

City/State and Zip Code

SALES@FILEACORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RACHEL	718	8785811
_____	at (_____)	_____
Name of Contact Person	Area Code	Daytime Telephone Number

MailingAddress:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

StreetAddress:
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 DEPARTMENT OF STATE**

- \$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

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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:

1. 14323 LUCERNE OWNER 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. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (F.L.L. number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability.)

5. 14323 LUCERNE DRIVE
(Street Address of Principal Office)

6. 15 MELNICK DRIVE, UNIT 794
(Mailing Address)

TAMPA, FL 33613

MONSEY, NY 10952

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

Name: BUSINESS FILINGS INCORPORATED

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33326
(City) (Zip code)

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TALLAHASSEE, FL

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.

/s/ Brenna Lutter

(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>JOEL FISCH</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>15 MELNICK DR, UNIT 794</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>MONSEY, NY 10952</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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

/s/ Joel Fisch

Signature of an authorized person

JOEL FISCH

Typed or printed name of signer

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "14323 LUCERNE OWNER LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "14323 LUCERNE OWNER LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6103859 8300

SR# 20212948373

You may verify this certificate online at corp.delaware.gov/authver.shtmlHandwritten signature of Jeffrey W. Bullock in black ink.
Jeffrey W. Bullock, Secretary of State

Authentication: 203895800

Date: 08-11-21

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