

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
M24 000005141

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

From: Account Name : FILE RIGHT LLC
Account Number : I20170000091
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: _____

Foreign Limited Liability Company
DOCUMAX LLC

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

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DEPARTMENT OF CORPORATIONS
DIVISION OF CORPORATIONS

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APR 19 PM 4:11

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOCUMAX 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:

Sara _____ at (718 _____) 878-5811
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. DOCUMAX LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

DOCUMAX OPS OF FL 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 (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0903 & 605.0905, F.S. to determine penalty liability.)

5. 3611 14TH AVE, SUITE 612 (Street Address of Principal Office)
6. 5308 13TH AVENUE, SUITE 539 (Mailing Address)
BROOKLYN, NY 11218 BROOKLYN, NY 11204

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

Name: FILE RIGHT RA SERVICES LLC
Office Address: 625 E TWIGGS ST, STE 110
TAMPA, Florida 33602
(County) (Zip code)

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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/ Mark Fuchs
(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]:

Title or Capacity: Name and Address:

Manager Name: CHAYA GOLDSTEIN

Member Address: 1935 49TH ROAD, UNIT 401

Authorized BROOKLYN NY 11204

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: AVROHOM GOLDSTEIN

Member Address: 1935 49TH ROAD, UNIT 401

Authorized BROOKLYN NY 11204

Person _____

Other Executive Director Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ 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/ AVROHOM GOLDSTEIN

Signature of an authorized person

AVROHOM GOLDSTEIN

Typed or printed name of signer

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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:	DOCUMAX LLC
DOS ID Number:	6606770
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	10/03/2022
Statement Status:	CURRENT
Statement Due Date:	10/31/2024

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 April 17, 2024 at 11:54 A.M.

ROBERT J. RODRIGUEZ, Secretary of State



A handwritten signature in black ink that reads "Brendan C. Hughes".

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100005564148 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>

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