

MA9000006882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

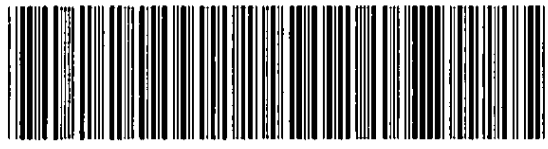
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600424210936

05/31/24 01:09:00 ***101.30

FILED
2024 MAY 29 PM 3:54
SECRETARY OF STATE

T. LEMIEUX
MAY 31 2024

wey
44301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HERSHEYMOU4 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:

Argyro Tasitsiomi
Name of Person

Hershey mou4 LLC
Firm/Company

20 Ave at Port Imperial apt 334
Address

West New York / NJ / 07093
City/State and Zip Code

Hershey mou4@gmail.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call.

Dominic Weidman at (863) 797 2659
Name of Contact Person Area Code Daytime Telephone Number

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

Street Address:
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2024

ARGYRO TASITSIOMI
20 AVE ST PORT IMPERIAL APT 334
W NEW YORK, NJ 07093

SUBJECT: HERSHEYMOV4 LLC
Ref. Number: W24000044301

We have received your document for HERSHEYMOV4 LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 424A00005943

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANACT BUSINESS IN THE STATE OF FLORIDA:

1. Hersheyman4 LLC.
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

Iromouman4 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 Jersey
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 99-1271248
(FBI number, if applicable)

4. February 17th 2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 20 AVE AT PORT IMPERIAL
(Street Address of Principal Office)

6. 20 AVE AT PORT IMPERIAL
(Mailing Address)

APT 334, West New York,

APT 334, West New York,

NJ, 07093

NJ, 07093

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

Name: Dominic Weidman

Office Address 28 Schooner Ct #28

St. Augustine Florida 32080
(City) (Zip code)

FILED
2024 MAY 29 PM 3:54
SECRETARY OF STATE
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.

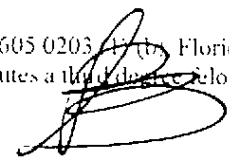
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name: <u>Argyro Tasitsioni</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Dominic Weidman</u>				
<input checked="" type="checkbox"/> Member	Address: <u>20 Ave at Port Imperial, West New York, NJ, 07093</u>	<input type="checkbox"/> Member	Address: <u>28 Schooner Ct #28, Saint Augustine, FL, 32080</u>				
<input type="checkbox"/> Authorized Person	<u>_____</u>	<input type="checkbox"/> Authorized Person	<u>_____</u>				
<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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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, (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

DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

SHORT FORM STANDING

HERSHEYMOU4 L.L.C.

0451081383

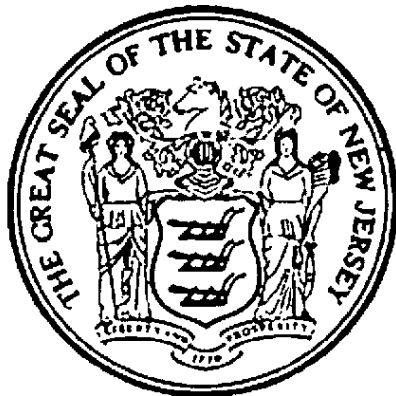
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named NJ Domestic Limited Liability Company was registered by this office on Sunday, February 4, 2024.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

ARGYRO TASITSIOMI
20 AVENUE AT PORT IMPERIAL
334
WEST NEW YORK, NEW JERSEY 07093

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
4th day of February, 2024



Elizabeth Maher Muoio
State Treasurer

Certificate Number : 4233204576
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp