

B21000000471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

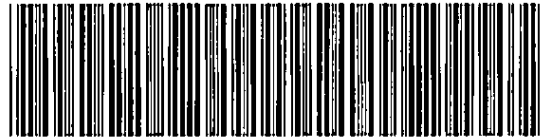
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37



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2021

ANDROMAJI TZANETATOS  
675 THIRD AVENUE 26TH FLOOR  
NEW YORK, NY 10017

SUBJECT: GRANT, HERRMANN, SCHWARTZ & KLINGER LLP  
Ref. Number: W21000133232

We have received your document for GRANT, HERRMANN, SCHWARTZ & KLINGER LLP and check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your LLP IS NOT AVAILABLE IN the state of Florida since it is the same as, or it is not DISTINGUISHABLE FROM THE NAME OF AN EXISTING ENTITY ON OUR RECORDS. Therefore, the LLP must select an alternative name for use in the state of Florida.,

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

Suzanne Hawkes  
Regulatory II

Letter Number: 521A00024248

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA

1. GRANT, HERRMANN, SCHWARTZ & KLINGER LLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.L.P.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. NEW YORK

3. AUGUST 7, 1996

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number 13-5542165

5. Name of Registered Agent for Service of Process and Florida Street Address:

GHSK SERVICES LLC

1441 BRICKELL AVENUE, SUITE 1010

MIAMI, FLORIDA 33131

6. 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 of Registered Agent

7. Principal Office:

1441 BRICKELL AVENUE, SUITE 1010

MIAMI, FLORIDA 33131

8. Mailing Address:

1441 BRICKELL AVENUE, SUITE 1010

MIAMI, FLORIDA 33131

9. If limited partnership is a limited liability limited partnership, check box. ☒

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: DAVID M. SAHARGUN

Street Address: 1441 BRICKELL AVENUE, SUITE 1010

MIAMI, FLORIDA 33131

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Name of General Partner:

Street Address:

Mailing Address:

Mailing Address:

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TALLAHASSEE, FL

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

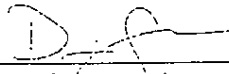
11. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 24TH day of SEPTEMBER, 2021

  
\_\_\_\_\_  
Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

<b>Filing Fees:</b>	<b>\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)</b>
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, 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:	GRANT, HERRMANN, SCHWARTZ & KLINGER LLP
DOS ID Number:	2055254
Entity Type:	DOMESTIC REGISTERED LIMITED LIABILITY PARTNERSHIP
Entity Status:	REGISTERED
Date of Initial Filing with DOS:	08/07/1996
Statement Status:	CURRENT
Statement Due Date:	08/31/2021

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 September 21, 2021 at 03:49 P.M.

ROSSANA ROSADO, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>


# AFFIDAVIT

STATE OF NEW YORK )  
 ) SS  
COUNTY OF NEW YORK )


BEFORE ME, a Notary Public appeared David M. Sahargun, as the Managing Partner of GRANT, HERRMANN, SCHWARTZ & KLINGER LLP, a New York Limited Partnership, requesting authorization to file an authorization to do business in Florida ("Affiant"), who, after first being duly sworn, under oath and deposes states that:

1. The Company is the General Partner of Grant, Herrmann, Schwartz & Klinger, LLLP, a Florida Limited Partnership, formed on March 17, 2021, under Document Number A21000000122;
2. For purposes of obtaining the proper licenses and permits in the State of Florida, the Company wishes to be authorized to do business in the State of Florida;
3. The Affiant is familiar with the nature of an oath and with the penalties provided by the laws of the State of New York for falsely swearing to statements made in an instrument of this nature. Affiant further certifies that he has read the full facts of this affidavit and understands its contents.

FURTHER AFFIANT SAYETH NAUGHT.

  
David M. Sahargun, Managing Partner of  
Grant, Herrmann Schwartz & Klinger LLP, a  
New York Limited Partnership

The foregoing instrument was acknowledged before me this 13<sup>th</sup> day of October 2021 by David M. Sahargun, who is personally known to me.

  
 Print name: \_\_\_\_\_  
 NOTARY PUBLIC  
 State of New York  
 My Commision Expires: \_\_\_\_\_

**AMY BETH KLEIN**  
**Notary Public, State of New York**  
**No. 01KL5067031 Qualified In Kings County**  
**Certificate Filed in New York County**  
**Commission Expires October 7, 2022**