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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

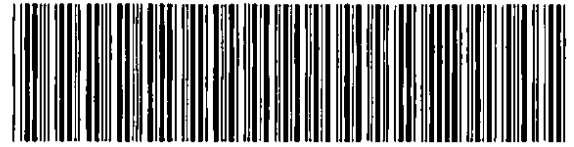
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached is a form to register an out-of-state limited partnership or limited liability limited partnership to transact business in state of Florida.

Pursuant to s. 620.1902(2), F.S., a foreign limited partnership or limited liability limited partnership shall deliver a certificate of existence or a record of similar import signed by the Department of State or other official having custody of the entity's publicly filed records in the state or other jurisdiction under whose law the foreign limited partnership or limited liability limited partnership is organized, dated not more than 90 days prior to the delivery of the application.

Pursuant to Chapter 620, Florida Statutes, every legal or commercial business entity listed as a general partner on the attached application must have an active registration or filing on file with the Florida Department of State before the application can be processed by this office. Should you need the form and instructions to properly register a non-individual general partner, please call (850) 245-6051.

The fee to file the application is \$1,000 (\$965 filing fee and \$35 registered agent designation fee). A certified copy or certificate of status may be requested at the time of filing. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested. Please send one check for the total amount due made payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Important Information About the Requirement to File an Annual Report

All Foreign Limited Partnerships or Limited Liability Limited Partnerships must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$500. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file only time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

For further information, you may contact the Registration Section at (850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMSLSH L.P.
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Lisa Hadar
Contact Person
SMSLSH LP
Firm/Company
3 Magnolia Lane
Address
Woodbury NY 11797
City, State and Zip Code
LSHADAR@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Hadar at (516) 606 9022
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)
☐ \$1,008.75 Filing Fees and Certificate of Status
☐ \$1,052.50 Filing Fees and Certified Copy
☒ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

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

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

1. SMSLSH L.P.
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

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 17 1997
State or Country of Formation Date of Formation

4. Federal Employer Identification Number: 11-3445538

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

Glenn Gurvitch
8461 Lake Worth Road #245
Lake Worth, FL 33467

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:

8461 LAKE WORTH RD #245
LAKE WORTH FL 33467

8. Mailing Address:

8461 LAKE WORTH RD #245
LAKE WORTH FL 33467

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: Lisa Hader Name of General Partner: _____

Street Address: 3 Magnolia Lane Street Address: _____

Woodbury NY 11797

Mailing Address: same Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

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 17th day of August, 20 23

Lisa Hadar

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.

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

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:	SMSLSH, L.P.
DOS ID Number:	2170192
Entity Type:	DOMESTIC LIMITED PARTNERSHIP
Entity Status:	EXISTING
Date of Initial Filing with DOS:	08/11/1997

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 August 14, 2023 at 08:46 A.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State