

F23000004156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

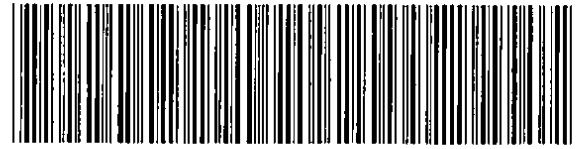
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF TEXAS
FILING OFFICE

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TO WHOM REVIEWS THIS FILE, IF THERE IS ANYTHING MISSING,
PLEASE CONTACT ME OR MY SON DIRECTLY BELOW.

ALEXKOSOVSKY@YAHOO.COM

917-841-8041

FAINAGAZ@GMAIL.COM

786-643-9594

The corporation:

XELEM INC.
1227 DOONE CT
BROOKLYN, NY 11235
EIN: 86-1669871

Please mail all documents to:

FAINA KOSOVSKY
231 174TH Street
Unit – 1604
Sunny Isles Beach, FL 33160

Thank you very much,

Sincerely,

Faina Kosovsky

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:	XELEM T INC
DOS ID Number:	5924015
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	01/22/2021
Statement Status:	CURRENT
Statement Due Date:	01/31/2023

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 June 22, 2023 at 01:47 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100003768326 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ccorp.dos.ny.gov>

New York State Department of State
Division of Corporations, State Records and Uniform Commercial Code
COPY REQUEST/CERTIFICATE OF STATUS RECEIPT

XELEM INC
1227 DOONE CT
BROOKLYN NY 11235

DATE: 06/22/2023 **TRANSACTION NUMBER:** 202306220002678

ENTITY INFORMATION:

ENTITY NAME: XELEM INC
DOS ID: 5924015
DATE OF INITIAL DOS FILING: 01/22/2021

<u>REQUESTED SERVICES:</u>	<u>NUMBER REQUESTED:</u>	<u>FEE:</u>
UNCERTIFIED COPY(\$5.00)		\$0.00
CERTIFIED COPY(\$10.00)		\$0.00
CERTIFICATE OF STATUS - SHORT FORM(\$25.00)	1	\$25.00
CERTIFICATE OF STATUS - LONG FORM(\$25.00)		\$0.00
EXPEDITED HANDLING		\$25.00

TOTAL PAYMENTS RECEIVED: \$50.00
CASH: \$0.00
CHECK/MONEY ORDER: \$0.00
CREDIT CARD: \$50.00
DRAWDOWN ACCOUNT: \$0.00
REFUND DUE: \$0.00

REQUESTED COPY **FILE DATE** **FILE NUMBER**

FILING RECEIPT

=====

ENTITY NAME: XELEM T INC -- FAINA KOSOVSKY

DOCUMENT TYPE: INCORPORATION (DOM. BUSINESS)

COUNTY: KING

=====

FILED: 01/22/2021 DURATION: PERPETUAL CASH#: 210122000163 FILM #: 210122000148
DOS ID: 5924015

FILER:

EXIST DATE

INTERSTATE FILINGS LLC
301 MILL RD. STE. U-5

01/22/2021

HEWLETT, NY 11557

ADDRESS FOR PROCESS:

THE CORPORATION
1227 DOONE CT
BROOKLYN, NY 11235

REGISTERED AGENT:

STOCK: 200 NPV

The corporation is required to file a Biennial Statement with the Department of State every two years pursuant to Business Corporation Law Section 408. Notification that the biennial statement is due will only be made via email. Please go to www.email.ebiennial.dos.ny.gov to provide an email address to receive an email notification when the Biennial Statement is due.

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SERVICE COMPANY: INTERSTATE FILINGS, LLC

SERVICE CODE: LN *

FEEs 150.00

FILING 125.00
TAX 0.00
CERT 0.00
COPIES 0.00
HANDLING 25.00

PAYMENTS 150.00

CASH 0.00
CHECK 0.00
CHARGE 0.00
DRAWDOWN 150.00
OPAL 0.00
REFUND 0.00

83058

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DOS-1025 (04/2007)



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- **Important Information About the Requirement to File an Annual Report**
All Profit Corporations 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 \$150. 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 any 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.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XELEMT INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

FAINA KOSOVSKY
Name of Person
XELEMT INC.
Firm/Company
231 174TH STREET - UNIT 1604
Address
SUNNY ISLES BEACH, FL 33160
City/State and Zip code
FAINAGAZ@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX KOSOVSKY at (917) 841-8041
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. XELEM T INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "In.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. EIN: 86-1669871
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/22/2021 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1227 DOONE CT, BROOKLYN, NY 11235
(Principal office street address)

(Current mailing address, if different)

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

Name: FAINA KOSOVSKY

Office Address: 231 174th Street, Unit 1604

SUNNY ISLES BEACH (North Miami), Florida 33160
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

[Signature]
(Registered agent's signature)

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

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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SECRETARY OF STATE
TALLAHASSEE, FL

A. DIRECTORS

Chairman Name: FAINA KOSOVSKY
 Vice Chairman Address: 1227 Doone Ct
 Director Brooklyn NY 11235
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 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.

12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.

13. FAINA KOSOVSKY
(Typed or printed name and capacity of person signing application)