F24000006516

(Re	equestor's Name)	
,	,	
	ldress)	
(//0	uiess;	
<u></u>		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	(1)
	_	
☐ PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)
(,
	ocument Number)	-
(50	cament Namber)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
,	•	
1		
(n)24-166	470	
<u> </u>		

Office Use Only



400438044224

12/19/24--01003--014 **70.00





DEC 27 2024 K. Brumbley



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 20, 2024

CORPORATE ACCESS, INC.

CUB ICCT.

SUBJECT: AUDIO COMMAND SYSTEMS, INC.

Ref. Number: W24000166470

We have received your document for AUDIO COMMAND SYSTEMS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

There are 6 spaces available for listing officers. You have jammed all your officers in one with no addresses.,

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.

Karen A Saly Regulatory Specialist II

Letter Number: 824A00027666

Meded

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY	
ΚX	РНОТОСОРУ	
	cus	
XX	FILING	FOREIGN LLC
A	UDIO COMMAND	SYSTEMS, INC.
(C	ORPORATE NAME AND D	OOCUMENT #)
īC	ORPORATE NAME AND D	OCUMENT #)
(C	ORPORATE NAME AND I	OCUMENT #)
(C	ORPORATE NAME AND I	OCUMENT #)
(C	ORPORATE NAME AND I	OOCUMENT#)
	ORPORATE NAME AND I	OCHMENT #)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Finer name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. New York (Sate or country under the law of which it is incorporated) 4. February 19, 1978 5. (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. (Principal office street address) Fame (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Command South, Tr.C. (Co Robort Kaufman) Office Address: 21.55 Sulation Florida (City) 7. Florida 22. (City) 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 accept the obligations of my position as registered agent. (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 WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO DREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. New York (State or country under the law of which it is incorporated) 4. February 19, 1978 5. (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. (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Command South, Tre. (Co Robert Kaufman) Name: Command South, Tre. (Co Robert Kaufman) (City), Florida 3 3 4 4 2 (City) 7. Plorida 3 3 4 4 2 (City) 7. Plorida (City) 7. 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. (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	(Enter name of	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
2. New York (State or country under the law of which it is incorporated) 4. February 16, 1978 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Command South, Tr.c. (Co Rubbort Kaufman) Office Address: 2/55 SW 1014 St Suite CA 10 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. (Registered agent's signature) 10. Attached is a certificate of existence duty authenticated, not more than 90 days prior to delivery of this application to	me., co.,	corp, me, co, or corp.)
2. New York (State or country under the law of which it is incorporated) 4. February 16, 1978 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Command South, Tr.c. (Co Rubbort Kaufman) Office Address: 2/55 SW 1014 St Suite CA 10 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. (Registered agent's signature) 10. Attached is a certificate of existence duty authenticated, not more than 90 days prior to delivery of this application to	(If name unav	ilable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
(Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1502, F.S., to determine penalty liability) (Principal office fired address) (Principal office fired address) (Principal office fired address) (Principal office fired address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Command South, Trc. (co Robort Kaufman) Office Address: Deerfield Beach (City) Florida (City) 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. (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	2 New	YOVE 3 11-256 3300
(Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1502, F.S., to determine penalty liability) (Principal office fired address) (Principal office fired address) (Principal office fired address) (Principal office fired address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Command South, Trc. (co Robort Kaufman) Office Address: Deerfield Beach (City) Florida (City) 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. (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	(State or cou	try under the law of which it is incorporated) (FEI number, if applicable)
(Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7.	4. 1 CD(Vd	N 1 V 1 1 1 7 7 0 5.
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Command South, Trc. (Co Robert Kaufman) Office Address: 2155 SW 1014 St Sairte Address (City) 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. (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	(0	d of incorporation) (Date of duration, if other than perpetual)
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Command South, Trc. (Co Robert Kaufman) Office Address: 2155 SW 1014 St Sairte Address (City) 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. (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	6	(Date first transacted business in Florida if prior to registration)
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Command South, Inc. (co Robert Caufman) 3/55 SW JJ St Sait Galler G		(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Command South, Inc. (co Robert Caufman) 3/55 SW JJ St Sait Galler G	7	694 Main Street, Westbury NY 115%
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Command South, Inc. (co Rubbort Kaufman) Office Address: 3/55 SW / Jay 12 (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. (Registered agent's signature)		year to the second of the seco
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Command South, Inc. (co Robort Kaufman) Office Address: 3/55 SW/OTASH Survey Office Address: 3/55 SW/OTASH Survey (City) 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. (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		
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. (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		1
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. (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	8. Name and si	ect address of Florida registered agent: (P.O. Box NOT acceptable)
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. (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	Name	Command South, Inc. (co Robert Kanting
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. (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	Office Address	3155 SWINTEST SUITE 6418
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. (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	Office Addition	Deach 33447
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. (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		(City), Florida (Zip code)
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. (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	O Panietarad	gentle accontance:
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. **The Home of My duties and I am familiar with and accept the obligations of my position as registered agent. (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	Having been n	med as registered agent and to accept service of process for the above stated corporation at the place
and I am familiar with and accept the obligations of my position as registered agent. **The Home Company of the obligations of my position as registered agent. (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		
(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		
(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		
(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	\star	Robert Kann
the Clampermann of State, but the Capaterns of State of albeing attinial basine annials, of announced annuals in the industrial and a		a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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

under the law of which it is incorporated.

A. DIRECTORS	0114	,					
(D)Chairman	Name: Robert KAUFMAN	Chairman	Name:				
□Vice Chairman	Address: 4101 N. CEGAN BLVD 606 BECA RATON PL, 33431	□Vice Chairman					
□Director	——————————————————————————————————————	□Director					
□President		President					
□Vice President		□Vice President					
☐ Secretary	☐ Treasurer	□ Secretary		☐'Treasurer .			
Other LEG	Other	Other		Other			
□Chairman	Name: Jonathan FLAMM	. □Chairman					
	Address: 8E 83 M St. Apt 11A .	□Vice Chairman	Address:	<u> </u>			
Director	Tiend I I am	□Director					
President	Jonathan Flamm	□President					
□Vice President		☐ Vice President					
☐Secretary	☐Treasurer	☐ Secretary		☐Treasurer			
□ Other	Other	□ Other		□Other			
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	☐ Treasurer	☐ Secretary		☐ Treasurer			
□Other	Other	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. ____ Robert Kaufan

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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: AUDIO COMMAND SYSTEMS, INC.

DOS ID Number: 472466

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 02/16/1978

Statement Status: CURRENT Statement Due Date: 02/28/2026

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: CERTIFICATE OF INCORPORATION

Date of Filing: 02/16/1978

Entity Name: AUDIO COMMAND SYSTEMS, INC.

Document Type: CERTIFICATE OF AMENDMENT

Date of Filing: 02/25/1981

Document Type: CERTIFICATE OF CHANGE

Date of Filing: 01/25/1993

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 02/12/1998

 Effective Date:
 02/01/1998

Page Lof 3

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 03/07/2000

 Effective Date:
 02/01/2000

Document Type: CERTIFICATE OF CHANGE

Date of Filing: 12/13/2001

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 02/04/2002

 Effective Date:
 02/01/2002

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 03/03/2006

 Effective Date:
 02/01/2006

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 03/17/2008

 Effective Date:
 02/01/2008

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 03/22/2010

 Effective Date:
 02/01/2010

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 06/15/2012

 Effective Date:
 02/01/2012

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 04/18/2014

 Effective Date:
 02/01/2014

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 12/06/2023

 Effective Date:
 02/01/2022

Page 2 of 3

Document Type:

BIENNIAL STATEMENT

Date of Filing:

02/01/2024

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 December 12, 2024 at 04:01 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C Heyles

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100007110493 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov