## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Te:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FILE RIGHT LLC
Account Number : 120170000091
Phone : (718)878-5811
Fax Number : (716)732-4580

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: sales@fileacorp.com

## Foreign Limited Liability Company RQ TECH LLC

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Corporate Filing Menu

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2021-03-15 19:13:36 GMT

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From: Mark Fuchs

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		COVEREFIER
	istration Section sion of Corporations	
	30 <b>1</b> 07 007 p. 1200 m.	
	RQ TECH LLC	
ALCI.	Name	e of Limited Liability Company
enclosed stence, and	"Application by Foreign Limited Liability ( d check are submitted to register the above t	Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Florida.
ise retum :	all correspondence concerning this matter to	o the following:
		Name of Person
	FILE RIGHT LLC	
		Firm/Company
	5314 16TH AVENUE SUITE 139	
		Address
	BROOKLYN, NY 11204	
	C	ity/State and Zip Code
	sales@fileacorp.com	
	E-mail address: (to be	c used for future annual report notification)
further in	formation concerning this matter, please cal	и:
Sara	1	718 878-5811
	Name of Contact Person	Area Code Daytime Telephone Number
Reg Div P.O	lingAddress: gistration Section ision of Corporations Box 6327 tahassee, FL 32314	StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DEP 125.00 Filing Fee	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate

Fax Reference: H21000104277 3

From: Mark Fuchs

Fax Reference: H21000104277 3

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

	SINESS IN THE STATE OF FLORIDA:		
I. RQ TECH LLC	Limited Liability Company; must include "Limited Li	ability	Cumpany,""L.L.C.," or "LLC.")
(Mane or Fore-Br			
	C. L. S.	. Th.	alternate name must include "Limited Liability Company," "L.L.C," or "LLC")
	ame adopted for the purpose of transacting obstaces in Pibria	A 100	sucrosse made made morney (22mm)
DELAWARE		3	
2. (Arrisdiction under the law of w	high foreign limited liability company is organized)	٥.	(FEI number, if applicable)
4	(Date first transacted business in Florida, if prior to regi (See sections 603 0904 & 605 0905, F.S. to determine p	stration enaity	a) liability)
	,		
581 N FRANKLIN TU 5.	JRNPIKE	6.	581 N FRANKLIN TURNPIKE
(Street Address of Principal Office)		•	(Mailing Address)
RAMSEY NJ 07446			RAMSEY NJ 07446
KANSET IN 07440			
7. Name and street addres	s of Florida registered agent: (P.O. Box )	TOI	acceptable)
	PARAMETER BICARDOR CELL	`	
Name:	BUSINESS FILINGS INCORPORATEI	,	
114			<del></del> :
Office Address:	1200 SOUTH PINE ISLAND ROAD		
Office Address.		-	<del></del>
	PLANTATION		33326 Florida
	. 5		

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.

Juli Henneman, Hast Veccetary, Business Felings Chimporated

To: 18506176381 \* Páae: 5 of 6 2021-03-15 19:13:36 GMT 17187959036 From: Mark Fuchs

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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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: DASYA KATZ	■Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	BROOKLYN, NY 11219	□Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	⊡Manager	Name:
□Member	Address:	⊡Member	Address:
□Authorized		□Authorized	
Person	<u> </u>	Person	
☐ Other		Other	Other
□Manager	Name:	_ ∐Manager	Name:
□Member	Address:	⊡Member	Address:
□Authorized		□Authorized	
Person		Person	
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.

- 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 (1) (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.

/s/ DASYA KATZ	
 Signature of an authorized person	
DASYA KATZ	
Typed or printed name of signee	

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RQ TECH LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FIFTEENTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RQ TECH LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

7853114 8300 SR# 20210909233

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You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W Shallet B, Secretary of State

Authentication: 202731321

Date: 03-15-21