

M160000000434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

W15-83213

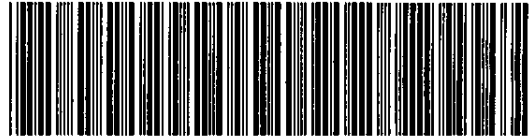
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TALLAHASSEE, FLORIDA

JAN 19 2016

N. CHASSEAUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SCHICK LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

PHILLIP STERN

Name of Person

PHILLIP M STERN AND COMPANY

Firm/Company

1901 51ST STREET STE 1A

Address

BROOKLYN, NY 11204

City/State and Zip Code

ARI@PSTERNANDCO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARI MIESELS

718

232-0770

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 31, 2015

PHILLIP STERN
PHILLIP M STERN AND COMPANY
1901 51ST STREET, SUITE 1A
BROOKLYN, NY 11204

SUBJECT: SCHICK LLC
Ref. Number: W15000083213

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

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 115A00027282

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SCHICK LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK 3. 45-3576158
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1274 49TH ST STE 533
BROOKLYN, NY 11219
(Street Address of Principal Office)

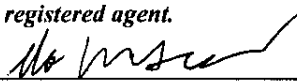
6. 1274 49TH ST STE 533
BROOKLYN, NY 11219
(Mailing Address)

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

Name: IDO MAGORI
Office Address: 20951 NE 24TH AVE
MIAMI, Florida 33180
(City) (Zip code)

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.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Itamar Magori - member
162 44TH STREET 2ND FLR BROOKLYN, NY 11232

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)


Signature of an authorized person

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.

Itamar Magori

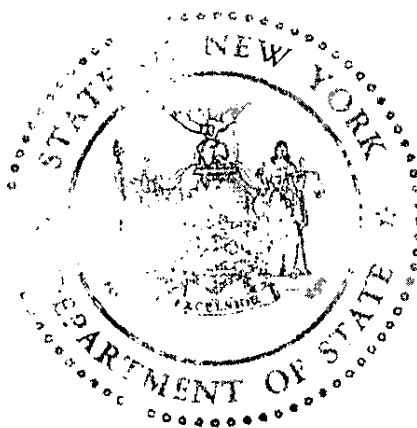
Typed or printed name of signer

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16 JAN 15 AM 9:42
CLERK OF STATE
TALLAHASSEE FLORIDA

State of New York
Department of State } ss:

I hereby certify, that SCHICK LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/12/2011, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



FILED
16 JAN 15 AM 9:42
DEPARTMENT OF STATE
ALBUQUERQUE, FLORIDA

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 15th day of December two
thousand and fifteen.

Anthony Scardino

Executive Deputy Secretary of State