## M1800008153

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	W5	





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N. CAUSSEAUX SEP - 6 2018

## COVER LETTER

	VONN LLC				
SUBJECT:	<u> </u>	Name of	Limited Liability (	Company	
			•		
					ansact Business in Florida," Certification of the company to transact business in Fl
lease return	all correspondence	concerning this matter to the	e following:		
	Yevgeniya Rad	chamim			
	<del>,</del>	7	lame of Person		
	Protax Center	Inc			
		F	irm/Company		
	1679 East 19th	Street Ste 2A			
			Address		
	Brooklyn NY	11229			
		City/:	State and Zip Code		
	info@protaxcen				
	·	E-mail address: (to be use	ed for future annual	report not	tification)
For further int	formation concerning	g this matter, please call:			
Yev	geniya Rachamim		718 at (	645-05	00
	Name (	of Contact Person	Area Code	Day	rtime Telephone Number
Divis Regi P.O.	ILING ADDRESS sion of Corporation stration Section Box 6327 thassee, FL 32314			Division Registrat Clifton B	FADDRESS: of Corporations ion Section suilding ecutive Center Circle
				Tallahass	see, FL 32301
	check for the follow 125.00 Filing Fee	ving amount:  ■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limite				
	ame adopted for the purpose of transacting business in Flo			oility Company," "L.L.C," or "LLC.")	
2. New York  (Jurisdiction under the law of which foreign limited hability company is organized)		3.	47-3032386	number, if applicable)	
(attributetion mases the taw of w	inch foreign intitied hability company is organized)		() Li nume	et, it applicable)	
4	(Date first transacted business in Florida, if prior to	registration	, 11		
	(See sections 605,0904 & 605,0905, F.S. to determine	ine penalty	liability)		
5. 3245 Hunters Point Ave, Fl 2 (Street Address of Principal Office) Long Island City, NY 11101		6.	1679 East 19th Street Ste 2 (Mailing Addr	A	
			Brooklyn, NY 11229		
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT :	acceptable)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7 Mille and <u>street house</u>	•	· <u></u> .		v 's	
Name:	Sergio Magarik				
Office Address:	3323 NE 163rd St, Suite 706			*. 	
	North Miami Beach, FL, 33160		33160	<b>ون</b>	
	(City)		, Florida 33160 (Zip code	<del></del>	
to comply with the provisi	ions of all statutes relative to the proper s of my position as registered agent.	and co			
to comply with the provise and accept the obligation	ions of all statutes relative to the proper s of my position as registered agent.  Sengio Marque (Registered agent's	and co	mplete performance of my (		
to comply with the provise and accept the obligation	ions of all statutes relative to the proper s of my position as registered agent.	k and co	mplete performance of my (		
to comply with the provise and accept the obligation.  8. The name, title or capa	ions of all statutes relative to the proper s of my position as registered agent.  Senglo Mercul (Registered agent's acity and address of the person(s) who have and Address:  Sergio Magarik	signature) as/have	amplete performance of my to authority to manage is/are:	duties, and I am familiar with	
to comply with the provision and accept the obligation.  8. The name, title or capa Title or Capacity:	ions of all statutes relative to the proper s of my position as registered agent.  Sengla Magail  (Registered agent's acity and address of the person(s) who have and Address:	signature) as/have	amplete performance of my to authority to manage is/are:	duties, and I am familiar with	
to comply with the provision and accept the obligation.  8. The name, title or capa Title or Capacity:	Sengio Magarik  Sergio Magarik  Sergio Magarik  17121 Collins Ave, Apt. 2408 Sunny Isles Beach, FL 33160	signature) as/have	amplete performance of my to authority to manage is/are:	duties, and I am familiar with	
to comply with the provisional accept the obligation.  8. The name, title or capa Title or Capacity:  Member	sof my position as registered agent.  Senglo Mesque (Registered agent's acity and address of the person(s) who have and Address:  Sergio Magarik  17121 Collins Ave., Apt. 2408	signature) as/have T	amplete performance of my to authority to manage is/are:	duties, and I am familiar with	
to comply with the provisional accept the obligation.  8. The name, title or capa Title or Capacity:  Member	sof my position as registered agent.  Sergio Megistered agents  (Registered agents agents)  active and address of the person(s) who has a Name and Address:  Sergio Magarik  17121 Collins Ave, Apt. 2408  Sunny Isles Beach, FL 33160  Lenny Valdberg  755 Narrows RD North 1010  Staten Island, NY 10304	signature) as/have T	amplete performance of my to authority to manage is/are:	duties, and I am familiar with	
to comply with the provisional accept the obligation.  8. The name, title or capa Title or Capacity:  Member  Member  (Use attachments if neces)  9. Attached is a certificate jurisdiction under the law	Sergio Magarik  17121 Collins Ave, Apt. 2408 Sunny Isles Beach, FL 33160  Lenny Valdberg  755 Narrows RD North 1010 Staten Island, NY 10304  sary)  of existence, no more than 90 days old. of which it is organized. (If the certificate	signature) as/have Ti	authority to manage is/are: itle or Capacity:	Name and Address:  ving custody of records in the	
8. The name, title or capa Title or Capacity: Member  Member  Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be st	Sergio Magarik  17121 Collins Ave, Apt. 2408 Sunny Isles Beach, FL 33160  Lenny Valdberg 755 Narrows RD North 1010 Staten Island, NY 10304  sary)  of existence, no more than 90 days old. of which it is organized. (If the certificat ubmitted)  uted in accordance with section 605.0202	signature) as/have Ti	authority to manage is/are: itle or Capacity: thenticated by the official ha foreign language, a translati	Name and Address:  ving custody of records in the ion of the certificate under oath	
8. The name, title or capa Title or Capacity: Member  Member  Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be st	Sergio Magarik  17121 Collins Ave, Apt. 2408 Sunny Isles Beach, FL 33160  Lenny Valdberg  755 Narrows RD North 1010 Staten Island, NY 10304  sary)  of existence, no more than 90 days old. of which it is organized. (If the certificat ubmitted)  uted in accordance with section 605.02020 of the Department of State constitutes a th	signature) signature) as/have T duly au te is in a	authority to manage is/are: itle or Capacity: thenticated by the official ha foreign language, a translati	Name and Address:  ving custody of records in the ion of the certificate under oath	
8. The name, title or capa Title or Capacity: Member  Member  Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be st	Sergio Magarik  17121 Collins Ave, Apt. 2408 Sunny Isles Beach, FL 33160  Lenny Valdberg  755 Narrows RD North 1010 Staten Island, NY 10304  sary)  of existence, no more than 90 days old. of which it is organized. (If the certificat ubmitted)  uted in accordance with section 605.02020 of the Department of State constitutes a th	signature) signature) as/have T duly au te is in a	authority to manage is/are: itle or Capacity: thenticated by the official ha foreign language, a translati	Name and Address:  ving custody of records in the ion of the certificate under oath	
8. The name, title or capa Title or Capacity: Member  Member  Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be st	Sergio Magarik  17121 Collins Ave, Apt. 2408 Sunny Isles Beach, FL 33160  Lenny Valdberg 755 Narrows RD North 1010 Staten Island, NY 10304  sary)  of existence, no more than 90 days old. of which it is organized. (If the certificat ubmitted)  uted in accordance with section 605.0202	signature) signature) as/have T duly au te is in a	authority to manage is/are: itle or Capacity: thenticated by the official ha foreign language, a translati	Name and Address:  ving custody of records in the ion of the certificate under oath	

## State of New York Department of State } ss:

I hereby certify, that VONN LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/05/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



\* \* \*

MIL AUG 28 PH 4: 14

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 13th day of August two thousand and eighteen.

BAT .

Brendan W. Fitzgerald
Executive Deputy Secretary of State