

M190000001923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

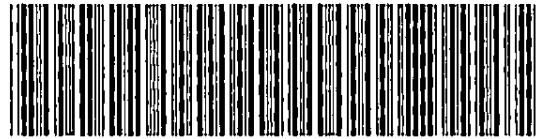
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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STATE  
TALLAHASSEE, FL

02/14/19--01017--002 \*\*125.00

FEB 14 2019  
S. PRATHER

MyCorporation®

23586 Calabasas Rd. Suite 102  
Calabasas, CA 91302

Toll-Free 888-692-6778 | Fax 818-875-8005  
Email: customerservice@mycorporation.com

## ROUTINE SERVICE FILING REQUEST

February 12, 2019

Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**Re: Foreign Authority Filing – KLUGHAUS GALLERY, LLC**

Ladies and Gentlemen:

Please find enclosed for filing an application for foreign authority, and any required supplemental documentation, for the above referenced entity.

Also enclosed is a check for filing fees.

Please return the filed documents to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation  
26025 Mureau Road, Suite 120  
Calabasas, CA 91302  
**ATTN: Post Formation Filings**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KLUGHAUS GALLERY, 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:

\_\_\_\_\_  
Name of Person

MyCorporation Business Services

\_\_\_\_\_  
Firm/Company

26025 Mureau Road Suite 120

\_\_\_\_\_  
Address

Calabasas CA 91302

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Processing Department

877

692-6772

at ( \_\_\_\_\_ )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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:

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



\$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

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. KLUGHAUS GALLERY, 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 45-3999719  
(FED 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. 411 Walnut Street #14939  
(Street Address of Principal Office)

6. 411 Walnut Street #14939  
(Mailing Address)

Green Cove Springs, FL 32043

Green Cove Springs, FL 32043

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

Name: Victor Fung

Office Address: 411 Walnut Street #14939

Green Cove Springs 32043  
\_\_\_\_\_, Florida \_\_\_\_\_  
(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.

Victor Fung  
(Registered agent's signature)

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ALLIANCE STATE  
ALLIANCE STATE, FL

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Victor Fung	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 411 Walnut Street #14939	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Green Cove Springs, FL 32043	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Manager	Name: Valentinos Mikaleef		
<input checked="" type="checkbox"/> Member	Address: 411 Walnut Street #1		
<input type="checkbox"/> Authorized	Green Cove Springs, FL 32043		
Person	_____		
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Manager	Name: _____		
<input type="checkbox"/> Member	Address: _____		
<input type="checkbox"/> Authorized			
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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DEPARTMENT OF STATE  
TALLAHASSEE, FL

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.

Victor Fung  
Signature of an authorized person  
Victor Fung - Member  
Victor Fung  
Typed or printed name of signer

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

I hereby certify, that KLUGHAUS GALLERY, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/17/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 28th day of January two  
thousand and nineteen.*

A handwritten signature in black ink, appearing to read "Whitney Clark".

*Whitney Clark  
Deputy Secretary of State*