

MP9000006372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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ALL INFORMATION
FILED

19 JUL -2 PM 4:31

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2019

SARAH CHEN
99 JERICHO TPKE, STE 300G
JERICHO, NY 11753

SUBJECT: CL STOREY LLC.
Ref. Number: W19000057590

We have received your document for CL STOREY LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00012246

RECEIVED

JUL 02 2019

To:
Florida Department of State
Division of Corporations
Registration Section
P.O Box 6327
Tallahassee, FL 32314

Dear Sir/Madam,

This is my 2nd attempt to register the attached LLC. By mistake I put the date on first transacted business in Florida. So please remove the penalty and register the LLC as a new Foreign Limited Liability Company.

Please let me know if you have any questions.

Sincerely



Sarah Chen

Enclosures:

Rejected letter
Cover letter
Application
Certificate of existence

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CL STOREY 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:

Sarah Chen

Name of Person

Qunfei CPAs, PLLC

Firm/Company

99 Jericho Tpke, STE 300G

Address

Jericho, NY 11753

City/State and Zip Code

info@qunfeicpa.com

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

For further information concerning this matter, please call:

Sarah Chen

516

205-6614

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

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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. CL STOREY 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. 82-4158827
(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. 5237 Lemon Twist Ln 6. 70 Magnolia Ln
(Street Address of Principal Office) (Mailing Address)

Windermere, FL 34786 Jericho, NY 11753

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

Name: Liāngcheng Qin

Office Address: 5237 Lemon Twist Ln

Windermere 34786
(City) , Florida (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Liāngcheng Qin
(Registered agent's signature)

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:

☐ Manager Name: Liangcheng Qin

☒ Member Address: 70 Magnolia Ln.

☐ Authorized Jericho, NY 11753

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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Person _____

☐ Other _____ ☐ Other _____

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☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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STATE MAIL ROOM
FALL APO, FLORIDA

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.

Liangcheng Qin
Signature of an authorized person

Liangcheng Qin
Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that CL STOREY LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/25/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 21st day of May two
thousand and nineteen.*

Whitney Clark
Deputy Secretary of State