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## **COVER LETTER**

### TO: Registration Section Division of Corporations

## NASHAH BUILDING, LLC

SUBJECT:

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 o	of Person		-		
NASHAH BUILDING, LLC						
	Firm/C	ompany				
137 BROWN STREET						
	Add	dress	-			
MINEOLA, NY 11501						
	City/State a	nd Zip Code		<b>-</b> .	~2	
PROKLYATIE@AOL.COM					2019 OCT -	-
E-mail address: (to	o be used for t	future annual	report notification)	−incho Natio	4	
ther information concerning this matter, please	call:			SSEE		יין רו
PEDRO CONTRERAS	at (	631	864-5455	111.	AH 10: 04	Ĺ
Name of Contact Person	at (	Area Code	Daytime Telephone Number		÷0+	
MAILING ADDRESS:			STREET ADDRESS:	-		
Division of Corporations Registration Section			Division of Corporations Registration Section			
P.O. Box 6327			Clifton Building			
72 11 1 · · · · · · · · · · · · · · · · ·			2661 Executive Center Circle Tallahassee, FL 32301			
Tallahassee, FL 32314						
Enclosed is a check for the following amount Please make check payable to: FLORIDA D						

## •

# 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. NASHAH BUILDING. (Name of Foreign	, LLC Limited Liability Company; must include "Lin	uted Liabilit	y Compar	y," "L L C	" or "LLC.")		<u></u>	-
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida The a	liemate nan	e must inch	ude "Limited Liability	Company," "11.	C." or "1.1	
NEW YORK	uch foreign limited liability company is organized)		11-34	70882	(FEI number, it			_
4								
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete	r to registration ermine penalty	i) liability)	·		_		
137 BROWN STREE					STREET			
5(Street Address of F	mncipal Office)	6.		(Mailing Address)				-
MINEOLA, NY 11501			MINE	DLA, N'	Y 11501	······································	2019	
					·	AHAS	2019 OCT -	- 
7. Name and street addres	ss of Florida registered agent: (P.O. B	fox <u>NOT</u> ;	acceptat	ole)		SLE. FLOR	1 47 10: 04	- ) [] []
Name:	GLADYS GOMBERG, CPA					ATC RUDA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·
Office Address:	2801 N. UNIVERSITY DRIVE, SU	ЛТЕ 306						
	CORAL SPRINGS			. Florida	33065			
	(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

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]:  $\Box$  and the Managing Member

	Title or Capacity:	V Name and Address:	Title or Capacity:	Name and Address:
- 11	Manager	DONNA LYNN SAWCHUK	🗌 Manager	Name: <u>TARAS A. SAWCHUK</u>
3011	Member	Address:	Member	Address: 142 Main St, APT 4-G
	Authorized	MINEOLA, NY 11501	Authorized	MINEOLA, NY 11501
	Person		Person	
	Other	Other	Other	Other
			_	
	Manager	Name:	Manager	Name:
	Member	Address:	🗌 Member	Address:
	Authorized		Authorized	
	Person		Person	
	Other	Other	Other	[70)her
				FLOR OF
	Manager	Name:	Manager	Name:
	Member	Address:	Member	Address:
	Authorized		Authorized	
	Person		Person	<u>.                               </u>
	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.

yrin Auchuk\_ Signature of an authorized person DONNA LYNN SAWCHUK

Typed or printed name of signee



# State of New York Department of State } ss:

I hereby certify, that NASHAH BUILDING, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/27/1999, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

An Affidavit of Publication of NASHAH BUILDING, LLC was filed on 04/12/1999.

An Affidavit of Publication of NASHAH BUILDING, LLC was filed on 04/12/1999.

A Biennial Statement was filed 01/30/2001.

A Biennial Statement was filed 02/12/2003.

A Biennial Statement was filed 02/24/2005.

A Biennial Statement was filed 03/02/2007.

A Biennial Statement was filed 01/02/2009.

A Biennial Statement was filed 01/25/2011.

A Biennial Statement was filed 01/15/2013.

A Biennial Statement was filed 01/07/2015.

A Biennial Statement was filed 01/10/2017.

A Biennial Statement was filed 01/22/2019.

I further certify, that no other documents have been filed by such Limited Liability Company.



\* + +

Witness my hand and the official seal of the Department of State at the City of Albany, this 19th day of September two thousand and nineteen.

Brandon C. Hughen

Brendan C. Hughes Executive Deputy Secretary of State

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