

M19000011278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

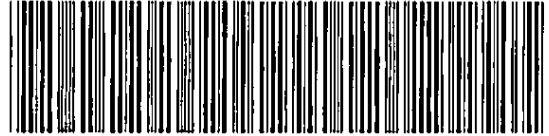
(Business Entity Name)

(Document Number)

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2019 NOV 18 PM 3:05

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19 NOV 18

PM 3:56

✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2019

HARRIET COMITE
1260 BROADCASTING RD.
STE:102
WYOMISSING,, PA 19610

SUBJECT: MOSHE ASSET MANAGEMENT, LLC
Ref. Number: W19000094298

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

We have received your document for MOSHE ASSET MANAGEMENT, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

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.

Yvette Scott
Document Specialist II

Letter Number: 419A00021912

2019 OCT 24 PM 1:19

COVER LETTER

RECEIVED

TO: Registration Section
Division of Corporations

2019 OCT -8 PM 3:40

SUBJECT: Moshe Asset Management, 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:

Harriet Comite

Name of Person

Firm/Company

1260 Broadcasting Rd. Ste. 102

Address

Wyomissing, PA 19610

City/State and Zip Code

hcomite@comiteskin.com

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

2019 NOV 18 PM 3:05
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

David Patton at Legally Mine

800

375-2453

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 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Moshe Asset Management, LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLP")

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

Alaska

84-1819620

(Jurisdiction under the law of which foreign limited liability company is organized)

(If it number is applicable)

4. (Date first transacted business in Florida, if prior to registration.
(See sections 605.09(4) & 605.09(5), F.S., to determine penalty liability.)

505 Old Steese Hwy Ste 122

1260 Broadcasting Rd Ste 102

(Street Address of Principal Office)

(Mailing Address)

Fairbanks, AK 99701

Wyomissing, PA 19610

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

Name Nesip Toykan

Office Address 7529 Hispanola Ave

North Bay Village, Florida 33141

(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.

Nesip Toykan 10-2-19
(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: Harriet Comite

☒ Member Address: 1260 Broadcasting Rd. Ste.102

☐ Authorized Wyomissing, PA 19610

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Alan Geltman

☒ Member Address: 1260 Broadcasting Rd. Ste.102

☐ Authorized Wyomissing, PA 19610

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

Harriet Comite
Signature of an authorized person

Harriet Comite
Typed or printed name of signer

Alaska Entity #10106362

State of Alaska
Department of Commerce, Community, and Economic
Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Moshe Asset Management, LLC

This entity was formed on May 20, 2019 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective August 02, 2019.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner

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2019 NOV 18 PM 3:06
TALLAHASSEE, FLORIDA