

N 20000000562

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(Address)

(Address)

(City/State/Zip/Phone #)

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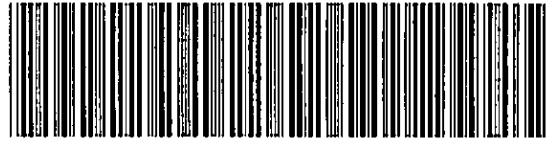
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2020 JAN 13 PM 2:14
TALLAHASSEE, FLORIDA

✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2019

DAVID J. LEVY
1415 2ND STREET
SUITE:526
SARASOTA, FL 34236

SUBJECT: KAMASASA, LLC
Ref. Number: W19000104406

We have received your document for KAMASASA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 919A00024703

RECEIVED
JAN 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kamarsky 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:

David J. Levy
Name of Person
Kamarsky, LLC
Firm/Company
1415 2nd St, Apt 526
Address
Sarasota, FL 34236
City/State and Zip Code
davidjlevy@me.com
E-mail address: (to be used for future annual report notification)

2020 JAN 13 PM 2:15
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

David J. Levy at (703) 582-0842
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

Already paid

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. Kamrini, 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. Fairfax County, VA 3. 82-4240334
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. November 15, 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1415 2nd St, #526 6. 1415 2nd St, #526
(Street Address of Principal Office) (Mailing Address)
Seaside, FL 34236 Seaside, FL 34236

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

Name: Mariana Long

Office Address: 1415 2nd St, #526

Seaside, FL , Florida 34236
(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.

M Long
(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: Monica Levy

☒ Member Address: 1415 2nd St, #526

☒ Authorized Seaside FL 34236

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: David Levy

☒ Member Address: 1415 2nd St, #526

☒ Authorized Seaside FL 34236

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Seana Levy

☒ Member Address: 1415 2nd St, #526

☐ Authorized Seaside FL 34236

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Miles Levy

☒ Member Address: 1415 2nd St, #526

☐ Authorized Seaside FL 34236

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 685.0203 (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.

David Levy
Signature of an authorized person

David J. Levy
Typed or printed name of signer

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

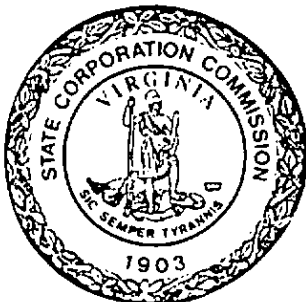
I Certify the Following from the Records of the Commission:

That Kamasasa, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on January 30, 2018; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

December 26, 2019

Joel H. Peck

Joel H. Peck, Clerk of the Commission

2019 JAN 13 PM 2:15
STATE OF VIRGINIA
TALLAHASSEE, FLORIDA