Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000340570 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FILE RIGHT LLC Account Number : I20170000091 Phone : (716)878-5811 : (718)732-4580 Fax Number

\*\*Enter the email address for this business entity to be used-for future annual report mailings. Enter only one email address please. \*\*

Email Address: sales@fileacorp.com

## Foreign Limited Liability Company THE LIGHTING LIQUIDATOR LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

T IEN<u>erry</u>

0000 1 0 100

Electronic Filing Menu

Corporate Filing Menu

Help

TO: Registration Division of Corporations  THE LIGHTING LIQUIDATOR LLC  SUBJECT:  THE LIGHTING LIQUIDATOR LLC  Name of Limited Liability Company  The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certiff Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Please return all correspondence concerning this matter to the following:  RACHEL TEITELBAUM  Name of Person  FILLE RIGHT LLC  Firm/Company  53 4 16TH AVENUE, SUITE 139  Address  BROOKLYN, NY 11204  City/State and Zip Code  sales@fileacorp.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  RACHEL  RACHEL  Name of Contact Person  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:		COVERI	LETTER
Name of Limited Liability Company  The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certification, and check are submitted to register the above referenced foreign limited liability company to transact business in Please return all correspondence concerning this matter to the following:  RACHEL TEITELBAUM  Name of Person  FILE RIGHT LLC  Firm/Company  53 4 16TH AVENUE, SUITE 139  Address  BROOKLYN, NY 11204  City/State and Zip Code  sales@fileacorp.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  RACHEL  Name of Contact Person  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:			
Name of Limited Liability Company  The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Please return all correspondence concerning this matter to the following:  RACHEL TEITELBAUM  Name of Person  FILE RIGHT LLC  Firm/Company  53 4 16TH AVENUE, SUITE 139  Address  BROOKLYN, NY 11204  City/State and Zip Code  sales@fileacorp.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  RACHEL  Name of Contact Person  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:		HE LIGHTING LIQUIDATOR LLC	
Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Please return all correspondence concerning this matter to the following:  RACHEL TEITELBAUM  Name of Person  FILE RIGHT LLC  Firm/Company  53   4 16TH AVENUE, SUITE 139  Address  BROOKLYN, NY 11204  City/State and Zip Code  sales@fileacorp.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  RACHEL  Name of Contact Person  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:		Name of Limite	d Liability Company
RACHEL TEITELBAUM  Name of Person  Firm/Company  53 4 16TH AVENUE, SUITE 139  Address  BROOKLYN, NY 11204  City/State and Zip Code sales@fileacorp.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  RACHEL  RACHEL  Name of Person  Address  BROOKLYN, NY 11204  City/State and Zip Code sales@fileacorp.com  E-mail address: (to be used for future annual report notification)  Area Code  Daytime Telephone Number  Mailing Address: Registration Section Division of Corporations Division of Corporations P.O. Box 6327  The Centre of Tallahassee Tallahassee, FL 32314  Enclosed is a check for the following amount:	The enclosed "A Existence, and c	Application by Foreign Limited Liability Company for check are submitted to register the above referenced	or Authorization to Transact Business in Florida," Certificate of foreign limited liability company to transact business in Florid
Name of Person  FILE RIGHT LLC  Firm/Company  53 4 16TH AVENUE, SUITE 139  Address  BROOKLYN, NY 11204  City/State and Zip Code sales@fileacorp.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  RACHEL  RACHEL  Name of Contact Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:	Please return all	correspondence concerning this matter to the follow	ving:
FILE RIGHT LLC  Firm/Company  53 4 16TH AVENUE, SUITE 139  Address  BROOKLYN, NY 11204  City/State and Zip Code  sales@fileacorp.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  RACHEL  Name of Contact Person  Area Code  Daytime Telephone Number  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:		RACHEL TEITELBAUM	
Firm/Company  53 4 16TH AVENUE, SUITE 139  Address  BROOKLYN, NY 11204  City/State and Zip Code  sales@fileacorp.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  RACHEL  RACHEL  Name of Contact Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:		Name of	Person
Address  BROOKLYN, NY 11204  City/State and Zip Code  sales@fileacorp.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  RACHEL  Name of Contact Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:  Address  Address  Street Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32303  Enclosed is a check for the following amount:		FILE RIGHT LLC	
Address  BROOKLYN, NY 11204  City/State and Zip Code  sales@fileacorp.com  E-mail address: (to be used for future annual report notification)  for further information concerning this matter, please call:  RACHEL  Name of Contact Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:  Address  Address  878-5811  Area Code Daytime Telephone Number  Street Address: Registration Section Division of Corporations Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:		Firm/Co	mpany
City/State and Zip Code  sales@fileacorp.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  RACHEL  Name of Contact Person  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32303  Enclosed is a check for the following amount:		: :	
City/State and Zip Code  sales@fileacorp.com  E-mail address: (to be used for future annual report notification)  for further information concerning this matter, please call:  RACHEL  Name of Contact Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:  City/State and Zip Code  Street Address: Registration  Area Code Daytime Telephone Number  Street Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:			
City/State and Zip Code  Sales@fileacorp.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  RACHEL  Name of Contact Person  Name of Contact Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:  City/State and Zip Code  Street Address: Registration  Area Code Daytime Telephone Number  Division of Corporations Pivision of Corporations The Centre of Tallahassee Tallahassee, FL 32303  Enclosed is a check for the following amount:			ress
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  RACHEL  Name of Contact Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:  E-mail address: (to be used for future annual report notification)  Area Code Daytime Telephone Number  Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  RACHEL  Name of Contact Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:  E-mail address: (to be used for future annual report notification)  A78  878-5811  Area Code  Daytime Telephone Number  Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee  2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		BROOKLYN, NY 11204	
RACHEL  Name of Contact Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:  RACHEL  1718 878-5811  Area Code Daytime Telephone Number  Street Address: Registration Section Division of Corporations Pivision of Corporations Division of Corporations The Centre of Tallahassee Tallahassee, FL 32303  Enclosed is a check for the following amount:			d Zip Code
Name of Contact Person  Name of Contact Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:  718 878-5811  Area Code Daytime Telephone Number  Street Address: Registration Section Division of Corporations Pivision of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		City/State an	d Zip Code
Name of Contact Person  Area Code  Daytime Telephone Number  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:		City/State an sales@fileacorp.com	
Name of Contact Person  Area Code  Daytime Telephone Number  Street Address: Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:		City/State an sales@fileacorp.com  E-mail address: (to be used for fu	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:  Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	or further infor	City/State an sales@fileacorp.com  E-mail address: (to be used for furmation concerning this matter, please call:	sture annual report notification)
Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:  Registration Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810  Tallahassee, FL 32303	or further infor	City/State an sales@fileacorp.com  E-mail address: (to be used for furmation concerning this matter, please call:  EL at (	sture annual report notification) 718 878-5811
Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 Tallahassee, FL 32303  Enclosed is a check for the following amount:	or further infor RACH	City/State an Sales@fileacorp.com  E-mail address: (to be used for furmation concerning this matter, please call:  BEL at (  Name of Contact Person	718 878-5811 Area Code Daytime Telephone Number
P.O. Box 6327  The Centre of Tallahassee  Tallahassee, FL 32314  Tallahassee, FL 32303  Enclosed is a check for the following amount:	or further infor RACH  Mailing	City/State an Sales@fileacorp.com  E-mail address: (to be used for furmation concerning this matter, please call:  BEL at (  Name of Contact Person  2 Address: Street	718 878-5811  Area Code Daytime Telephone Number
Tallahassee, FL 32314  2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303  Enclosed is a check for the following amount:	or further infor RACH ————————————————————————————————————	City/State an  sales@fileacorp.com  E-mail address: (to be used for furnation concerning this matter, please call:  IEL at (  Name of Contact Person  g Address:  tration Section Regi	718 878-5811  Area Code Daytime Telephone Number  t Address: stration Section
Tallahassee, FL 32303  Enclosed is a check for the following amount:	or further infor RACH ————————————————————————————————————	City/State an Sales@fileacorp.com  E-mail address: (to be used for furnation concerning this matter, please call:  HEL  Name of Contact Person  Address:  Exact Address:  Exact Corporations  Street  Region of Corporations  Division	Area Code Daytime Telephone Number  t Address: stration Section sion of Corporations
Enclosed is a check for the following amount:	For further infor RACH Mailing Regist Divisit P.O. B	City/State an Sales@fileacorp.com  E-mail address: (to be used for furmation concerning this matter, please call:  HEL at (  Name of Contact Person  g Address: Street tration Section Region of Corporations Division of G327 The	Area Code Daytime Telephone Number  t Address: stration Section sion of Corporations Centre of Tallahassee
	For further infor RACH Mailing Regist Divisit P.O. B	City/State an sales@fileacorp.com  E-mail address: (to be used for furmation concerning this matter, please call:  BEL at (  Name of Contact Person  g Address: Street tration Section Region of Corporations  Box 6327 The case of the contact Person Region of Corporations  Sox 6327 The case of th	Area Code Daytime Telephone Number  t Address: stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810
Please make check payable to: FLORIDA DEPARTMENT OF STATE	or further infor  RACH  Mailing  Regist  Divisit  P.O. B  Tallah	City/State an sales@fileacorp.com  E-mail address: (to be used for furmation concerning this matter, please call:  IEL at (  Name of Contact Person  g Address: Street tration Section Region of Corporations Divisions 6327 The cassee, FL 32314  Talla	Area Code Daytime Telephone Number  t Address: stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810
🖹 \$125.00 Filing Fee 🔲 \$130.00 Filing Fee & 🔲 \$155.00 Filing Fee & 🗍 \$160.00 Filing Fee, Certific	For further infor RACH  Mailing Regist  Division P.O. B  Tallah	City/State an sales@fileacorp.com  E-mail address: (to be used for furmation concerning this matter, please call:  IEL at (  Name of Contact Person  g Address: Street tration Section Region of Corporations Division of Corporations The following amount:	Area Code Daytime Telephone Number  t Address: stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 shassee, FL 32303

fax reference: H20000340570 3

## 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:

ourpose of transacting busine	sa in Florida. The a	hemate name must inclu	ule "Limited Liabil	іту Соптрелу	," "L.L.C," o
	3.				
ability company is organized	n .		(FEI number,	fapplicable)	
neted business in Florida, if p 25,0904 & 605,0905, F.S. to	rior to registration, determine penalty l	) iability)			
	6.	357 CORTLAND	T STREET	wedy'	
	• • •	(Mailing Address	,	OP)A	
	!	BELLEVILLE N	J 07109. ·		
	-			7.77 7.77	;-
	_	<del></del>	in the second	<del></del>	
istered agent: (P.O.	Box NOT ac	cceptable)		، به نمب	
P INC.			**	••	
TH. STREET					
ERDALE		3 , Florida	3309		
	istered agent: (P.O. PINC.	ability company is organized)  seed business in Florida, if prior to registration, 15,0904 & 605,0905, F.S. to determine pensity 1  6	ability company is organized)  seed business in Florida, if prior to registration.)  5.0904 & 605.0905, F.S. to determine penalty liability)  6.  (Mailing Address BELLEVILLE N  istered agent: (P.O. Box NOT acceptable)  P INC.  TH. STREET  ERDALE  3.	ability company is organized)  3.   (FEI number, if prior to registration.)  5.0904 & 603.0905, F.S. to determine penalty liability)  6.   (Mailing Address)  BELLEVILLE NJ 07109.  istered agent: (P.O. Box NOT acceptable)  P INC.  TH. STREET  ERDALE  33309	bested business in Florida, if prior to registration.)  5.0904 & 603.0905, F.S. to determine pensity liability)  6. 357 CORTLANDT STREET  6. (Mailing Address)  BELLEVILLE NJ 07109  istered agent: (P.O. Box NOT acceptable)  P INC.  TH. STREET  ERDALE  33309

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.

/S/ Abraham Schnitzler
(Registered agent's signature)

To: Page 5 of 6

fax	reference:	H20000340570	3

8. For initial indexing	g purposes, list names,	title or capacity and ad-	dresses of the primary	members/managers or	persons authorized to
manage (up to six (6)	total):				

Title or Capacity:    Manager   Member   Authorized   Person   Other PRESIDEN	Name and Address:  ABRAHAM SCHNITZLER  III PENN STREET  Address:  BROOKLYN, NY 11211	Title or Capacity:  ☐Manager  ☐Member  ☐Authorized  Person  ☐Other	Address:	Name and Address:
☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Address:	☐Manager ☐Member ☐Authorized Person ☐Other	Address:	□Other
☐Manager ☐Member ☐Authorized Person ☐Other	Name:   Address:   Other	☐Manager ☐Member ☐Authorized Person ☐Other	Address:	□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

	Signature of an authorized person	
	Signal and the state of the source	
ABRAHAM SCH	NITZLER	

fax reference: H20000340570 3

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

I hereby certify, that THE LIGHTING LIQUIDATOR LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/01/2020, and that the Limited Liability Company is existing so far as shown by the records of the Department.



202009300358 · DH

Witness my hand and the official seal of the Department of State at the City of Albany, this 29th day of September two thousand and twenty.

Braden C Hydra

Brendan C. Hughes
Executive Deputy Secretary of State