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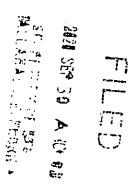
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## \* COVERMETTER

Ο: Registration Section Division of Corpαgations	·		
		<b>*\$</b>	
■ FTALKRAFT NEW 1 UBJECT:	YORK, LLC		
OBJECT:	N	Same of Limited Liability Company	
The enclosed "Application by Fore existence, and check are submitted	ign Limited Liabili to register the abo	lity Company for Authorization to Transact Business in Florida," Certificate of overeferenced foreign limited liability company to transact business in Florid	
lease return all correspondence co	meerning this matt	ter to the following:	
ALEXIS GONZ	ALEZ, ESQ.		
·—····································		Name of Person	
LAW OFFICE C	OF ALEXIS GONZ	ZALEZ, P.A.	
<del></del>		Firm/Company	
3162 COMMOD	OORE PLAZA, SU	ITTE 3E	
<del></del>	<del></del>	Address	
COCONUT GRO	OVE, FL 33133		
<del></del>		City/State and Zip Code	
ALEXIS@AGLA	WPA.COM		
<del></del>	E-mail address: (to	o be used for future annual report notification)	
for further information concerning	this matter, please	e call:	
ALEXIS GONZALEZ		305 223-9999 at ( )	
Name of	Contact Person	Area Code Daytime Telephone Number	
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporation	ons	Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 3231	4	2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	
Enclosed is a check for the Please make check payabl  ■ \$125.00 Filing Fee	e to: FLORIDA D  S130.00 Filing	DEPARTMENT OF STATE	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ITALKRAFT NEW YORK, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name may adable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.C.") NEW YORK (FEI number, if applicable) (Introduction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 2900 NW 77 COURT (Street Address of Principal Office) MIAMI, FL 33122 MIAMI, FL 33152 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) AGE RE SERVICES, LLC Name: 3162 COMMODORE PLAZA, SUITE 3E Office Address: COCONUT GROVE (City) 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.

Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
Name: ALEXANDROS XAKOUSTIS	□Manager	Name:	
Address: 2900 NW 77 COURT	□Member	Address: _	
MIAMI, FL 33122	□Authorized		
	Person		
Other	Other		Other
Name:	□Manager	Name:	
Address:	□Member	Address: _	······································
	□Authorized	<del></del>	
	Person	<del></del>	
□Other_	□Other		□Other
Name:	□Manager	Name:	
Address:	□Member	Address: _	<del></del>
	□Authorized		
	Person		
Other	Other		Other
	Name: ALEXANDROS XAKOUSTIS  Address:	Name: ALEXANDROS XAKOUSTIS   Manager    Address: 2900 NW 77 COURT   Member    MIAMI, FL 33122   Authorized    Person   Other   Manager    Address:   Member    Address:   Authorized    Person    Other   Other    Name:   Authorized    Person    Name:   Manager    Address:   Member    Name:   Authorized    Name:   Manager    Address:   Member    Authorized    Person	Name: ALEXANDROS XAKOUSTIS

Signature of an authorized person

Typed or printed name of signee

ALEXANDROS XAKOUSTIS

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

I hereby certify, that ITALKRAFT NEW YORK, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/23/2018, 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 25th day of September two thousand and twenty.

Braden C Hydra

Brendan C Hughes
Executive Deputy Secretary of State