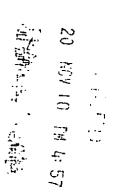
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)	_					
(Document Number)						
Certified Copies Certificates of Status	_					
Special Instructions to Filing Officer:						
Special instructions to Filling Officer.						
	_					

Office Use Only



11/10/20--01010--018 **125.00



KOVIS

COVER LETTER

TO:

4

SUBJECT:	PUSHCART ONLINE, LLC	
general.		f Limited Liability Company
The enclosed Existence, an	d "Application by Foreign Limited Liability Cond check are submitted to register the above ref	mpany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida.
Please return	all correspondence concerning this matter to the	ne following:
	JONATHAN TERRY	
	-	Name of Person
	PUSHCART ONLINE, LLC	
		Firm/Company
	317 RIVEREDGE BLVD Soite 10	4
		Address
	COCOA. FL 32922	
	City	State and Zip Code
	jterry@cofficeinfo.com	
	E-mail address: (to be us	sed for future annual report notification)
For further in	nformation concerning this matter, please call:	
JO	NATHAN TERRY	at (917) 254-3338 Area Code Daytime Telephone Number
	Name of Contact Person	Area Code Daytime Telephone Number
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Plea	losed is a check for the following amount: ase make check payable to: FLORIDA DEPAF \$125.00 Filing Fee	\$155.00 Filing Fee & \$\Bigsim \$160.00 Filing Fee, Certificate

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

NICAY MANDE			lternate name must include "Limited L 26-1105837		
NEW YORK	high foreign limited liability company is organized)	3.		er, if applicable	
(Jurisdiction under the law of w	theli foreign limited liability company is organized)		is it in min	ет, и аррисаві	ei
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to deter	to registration.) iability)		
317 RIVEREDGE BL			317 RIVEREDGE BLVD	C	141.
reet Address of Principal Office)	VD Suite 1061	6.		Suite	164
reet Address of Frincipal Office)					
COCOA, FL 32922		(COCOA, FL 32922		
		_	·		
· · · · · · · · · · · · · · · · · · ·		-	<u> </u>		~~~
Name and street addres	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> a	cceptable)	<u></u>	20
			• ,		0.1 A.034
	JONATHAN TERRY			P.	<u></u>
Name:				<i>i</i> ī .	Ω.
	317 RIVEREDGE BLVD				
Office Address:					17.
	COCOA		32922	A.	2
			, Florida		•
	(City)		(Zip code)		

(Registered agent's signature)

11/6/20

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:	Title or Capacity:	Name and Address:
□Manager	Name: JONATHAN TERRY	□Manager	Name: MONDHER MASMOUDI
■Member	Address: 317 RIVEREDGE BLVD Sone 104	■Member	Address: 317 RIVEREDGE BLVD Suite 10
□Authorized	COCOA, FL 32922	□Authorized	COCOA, FL 32922
Person		Person	
Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other

- 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

JONATHAN TERRY

Typed or printed name of signee

State of New York Department of State | ss:

I hereby certify, that PUSHCART ONLINE, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/24/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of PUSHCART ONLINE, LLC was filed on 12/04/2007.

A Biennial Statement was filed 07/17/2009.

A Biennial Statement was filed 07/27/2011.

A Biennial Statement was filed 08/05/2013.

A Biennial Statement was filed 10/26/2020.

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 26th day of October two thousand and twenty.

Brendan C. Hughes

Executive Deputy Secretary of State

Braden C Higher

202010270350 • 35