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COVER LETTER

TO:	Rigistration Section Theision of Corporations	4	*

SUBJECT: Greenline Consultants, 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:

	Name of Person
Guardian Law, LLC	
	Firm/Company
770 E. Main St. Suite 242	
	Address
Lehi, UT 84043	
C	City/State and Zip Code
Hannah@guardianlaw.com	
E-mail address: (to be	e used for future annual report notification)
E-mail address: (to be information concerning this matter, please ca	at / 844
E-mail address: (to be information concerning this matter, please ca	·
E-mail address: (to be information concerning this matter, please ca Hannah Denney Name of Contact Person Mailing Address:	at (844) 409-1122 Area Code Daytime Telephone Number Street Address:
E-mail address: (to be information concerning this matter, please ca Hannah Denney Name of Contact Person Mailing Address: Registration Section	at (844) 409-1122 Area Code Daytime Telephone Number Street Address: Registration Section
E-mail address: (to be information concerning this matter, please ca Hannah Denney Name of Contact Person Mailing Address: Registration Section	at (844) 409-1122 Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations
E-mail address: (to be information concerning this matter, please cather than a please cather than a please cather than a please of Contact Person Mailing Address: Registration Section Division of Corporations	at (844) 409-1122 Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee
E-mail address: (to be information concerning this matter, please cather information concerning this matter, please cather information Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327	at (844) 409-1122 Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
E-mail address: (to be information concerning this matter, please cather information concerning the cather information concern	at (844) 409-1122 Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee
E-mail address: (to be remote information concerning this matter, please ca Hannah Denney 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:	at (844) 409-1122 Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
E-mail address: (to be information concerning this matter, please ca Hannah Denney	Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 PARTMENT OF STATE

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. Greenline Consultants, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Greenline Consultants, LLC (If name unavailable, onter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") 3. 83-2862952 2 Kings county, New York (FEI number, if applicable) (Jurisdiction 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) 6. 251 Troy Avenue (Mailing Address) 251 Troy Avenue (Street Address of Principal Office) Brooklyn, NY 11213 Brooklyn, NY 11213 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Yosef Chriqui Name: Office Address: 9721 E Bay Harbor Drive Apartment 4E , Florida 33154 (Zip code) Bay Harbor Islands 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 project and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered ageys. (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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Yosef Chriqui □Manager ☑ Manager 9721 E Bay Harbor Drive Apartment 4E Address: _______ Address: Bay Harbor Islands, FL 33154 □Member ☐ Member □ Authorized □ Authorized Person Person Other____ Other__ Other____ Other____ Name: _______ Name: □Manager □Manager Address: ______ Address: □Member ☐ Member □ Authorized □ Authorized Person Person Other____ Other____ □Other . Other____ Name: _____ □ Manager Name: _____ □ Manager Address: ____ _ ☐Member □ Member ☐ Authorized ☐ Authorized Person Person □Other_____ Other____ □Other_____ 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 (05.020) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a Wird degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

Yosef Chriqui

State of New York Department of State } ss:

I hereby certify, that YOSEF CHRIQUI, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/18/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment YOSEF CHRIQUI, LLC, changing its name to GREENLINE CONSULTANTS LLC, was filed 09/24/2019.



* * *

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 08th day of October two thousand and twenty.

Brada C Hylea

Brendan C Hughes
Executive Deputy Secretary of State