

Florida Department of State  
Division of Corporations  
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M2100000136873ABC

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To:

Division of Corporations  
Fax Number : (850) 617-6393

From:

Account Name : VCORP SERVICES, LLC  
Account Number : 120080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company**  
**1701 BM LLC**

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

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APPROVED  
AND  
FILED

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

IN COMPLIANCE WITH SECTION 605.020, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 1701 BM LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")
2. Nevada  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FRT number, if applicable)
4. 01/11/21  
(Date last contacted having a Florida office; if none in response, then include 605.020 & 605.021, F.S. to determine penalty liability)
5. 67 Woodmere Blvd. South  
(Street Address of Principal Office)  
Woodmere, NY 11598
6. 67 Woodmere Blvd. South  
(Mailing Address)  
Woodmere, NY 11598

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

Name: Steinberg & Associates, P.A.  
Office Address: The Senator Law Center, 767 Arthur Godfrey Road  
Miami Beach Florida 33140  
(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.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

| Title or Capacity | Name and Address   | Title or Capacity | Name and Address |
|-------------------|--|-------------------|------------------|
| Member            | Michael Konig<br>67 Woodmere Blvd. South<br>Woodmere, NY 11598 |                   |                  |
|                   |  |                   |                  |
|                   |  |                   |                  |

(Use attachments if necessary)

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 605.020(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)

Michael Konig

(Typed or printed name of signer)

2021 JAN 12 AM 9:28

APPROVAL  
FILED

## SECRETARY OF STATE

CERTIFICATE OF EXISTENCE  
WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **1701 BM LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/11/2021, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/12/2021.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B202101121344795

You may verify this certificate  
online at <http://www.nvsos.gov>