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COVER LETTER

TO:

Registration Section

UBJECT:	Name of Limited Liability Company					
he enclosed xistence, ar	I "Application by Foreign Limited Liability Code check are submitted to register the above r	Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busi	" Certificate iness in Florid			
lease return	all correspondence concerning this matter to	o the following:				
	NEIL BYALICK					
		Name of Person	•			
	SCHLUSSEL & BYALICK LLP					
Firm/Company						
7001 BRUSH HOLLOW RD, STE 214						
	Address					
	WESTBURY, NY 11590					
City/State and Zip Code						
	NEIL@SCHLUSSELCPA.COM					
	E-mail address: (to be	used for future annual report notification)	- • •			
or further i	nformation concerning this matter, please cal	I:				
NE	II. BYALICK	516 997-9005 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number	:			
Re Di P.C	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				

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:

TRENDSFORMERS L	IMITED LIABILITY COMPANY Limited Liability Company, must include "Lim	ited Liability C	ompany," "L.L.C.," or "LLC")		
If name unavariable, enter alternate r	name adopted for the purpose of transacting business in	n Florida - î he alti	rriate faine most include "Uninted Garafity	Company," "U.E.C," or "LLC")	
NEW JERSEY			27-0305407		
(Jurisdiction under the law of which foreign limited hability company is organized)		3 _	(FEI number, if applicable)		
l	Date for transcript becomes in Hamb 1121 of	r to registration (-	
	(Date first transacted baseless in Florid), it proof (See sections 605-6602) & 605-6508 [1/8] (c) dete				
3051 NE 164TH STRE	ŧετ	30	6. (Mailing Address)		
tree: Address of Principal Office)		0	(Mailing Address)		
NORTH MIAMI BEACH, FL 33160			ORTH MIAMI BEACH, FL. 3	3160	
·····		_			
. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. B	lox <u>NOT</u> ac	ceptable)	:	
Nume:	DAVID KLAR		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Office Address.	3051 NE 164TH STREFT				
	NORTH MIAMI BEACH		. Florida(Zap code)	_	
Wity			(Zip code)		
designated in this applica to comply with the provis	otance: egistered agent and to accept service of ution, I hereby accept the appointment ions of all statutes relative to the properties is of my position as registered agent.	ローロス アンタノスプクド	ea agent and agree to act it in plete performance of my dutie obs:	12 0123/140113	
		ny agnature)	-	_	

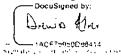
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (o) total]:

Manager Name	CLAR			
vanuaka zanac		Manager	Name.	
■ Member Address: 3051 8	E 164TH STREET	12 Member	Address:	
NORTH MIAMI	BEACH, FL 33160	\[\text{\tint{\text{\ti}\text{\texi{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\ti}}\tint{\text{\text{\text{\text{\texi}\tint{\text{\tiint{\text{\text{\text{\text{\text{\text{\tin}\tint{\tiint{\text{\tin}}\tint	<u> </u>	
Person		Person		
COther	Other	Other		## ## ## ## ## ## ## ## ## ## ## ## ##
IIManager Name:		∑ Manager	Name:	
"Member Address.		Member	Address	
Authorized		Verbanized		<u></u> .
Person		Person		
□Other□	Other	_Other		1 lOther
"[Manager Name:		II Manager	Name:	·
[Member Address:		□Member	Address:	•••
T 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. Non-indexed 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).

Itr 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 8.817-155, F.S.



STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

TRENDSFORMERS LIMITED LIABILITY COMPANY 0400290441

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 04, 2009.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

DAVID KLAR 456 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052

OREAT SEATH

Certificate Number: 6114197526

Verify this certificate online at

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 28th day of December, 2020

Elizabeth Maher Muoio State Treasurer

But at them

 $https:swew1 state in nv.1) IR_StandingCert JSP Territy. Cert psp.$