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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

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Email Address: JOE@SCMCPAS.COM

2021 FEB 18 PM 1:02

Foreign Limited Liability Company  
HOLOVACH & CO LLC

Certificate of Status	1
Certified Copy	0
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**State of New York  
Department of State } ss:**

I hereby certify, that HOLOVACH & CO LLC a NEW YORK Limited Liab. Company filed Articles of Organization pursuant to the Limited L. Company Law on 09/22/2020, and that the Limited Liability Company existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of HOLOVACH & CO LLC was filed on 1.

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 16th day of February two thousand and twenty-one.*

*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT 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. HOLOVACH & CO LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 800 WESTCHESTER AVE SUITE 641N
RYE BROOK, NY 10573
(Street Address of Principal Office)

6. 800 WESTCHESTER AVE SUITE 641N
RYE BROOK, NY 10573
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: HUBCO REGISTERED AGENT SERVICES, INC.
Office Address: 155 OFFICE PLAZA DRIVE, 1ST FL
TALLAHASSEE, Florida 32301
(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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fa accept the obligations of my position as registered agent.

(Registered agent's signature) BRUCE B HUBBARD

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
GARETH HOLOVACH (MEMBER) - 800 WESTCHESTER AVE STE 641N, RYE BROOK, NY 10573

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of re jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certifica of the translator must be submitted)

Gareth Holovach
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false inform submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

GARETH HOLOVACH
Typed or printed name of signee