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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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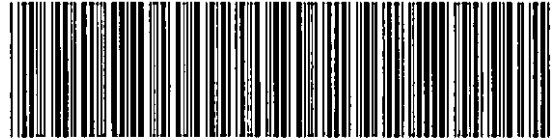
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CACHE VENTURES, 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:

SEAN HEILWEIL

Name of Person

CACHE VENTURES, LLC

Firm/Company

44 BETHPAGE RD, SUITE 1

Address

HICKSVILLE, NY 11801

City/State and Zip Code

SEAN@CACHEVENTURES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEAN HEILWEIL

Name of Contact Person

at (310)

Area Code

929-7114

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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:*

CACHE VENTURES, LLC

1. _____
(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 "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-4961255
(FEI number, if applicable)

4. January 4th, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1000 BRICKELL AVE
(Street Address of Principal Office)

6. 44 BETHPAGE RD
(Mailing Address)

STE 715

SUITE 1

MIAMI, FL 33131

HICKSVILLE, NY 11801

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

Name: LEGALINC CORPORATE SERVICES INC.

Office Address: 5237 SUMMERLIN COMMONS BLVD SUITE 400,

FORT MYERS, Florida 33907
(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)

Title or Capacity: **Name and Address:**
SEAN HEILWEIL
☒ **Manager** Name: _____
44 BETHPAGE RD
☐ **Member** Address: _____
SUITE 1
☐ **Authorized** _____
Person _____
☐ **Other** _____ ☐ **Other** _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<u>Title or Capacity:</u>		<u>Name and Address:</u>	
		JARRETT LUSSO	
<input checked="" type="checkbox"/> Manager	Name:	_____	
		44 BETHPAGE RD	
<input type="checkbox"/> Member	Address:	_____	
		SUITE 1	
<input type="checkbox"/> Authorized		_____	
		HICKSVILLE, NY 11801	
Person		_____	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____

<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> 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)

Dear Heilmail

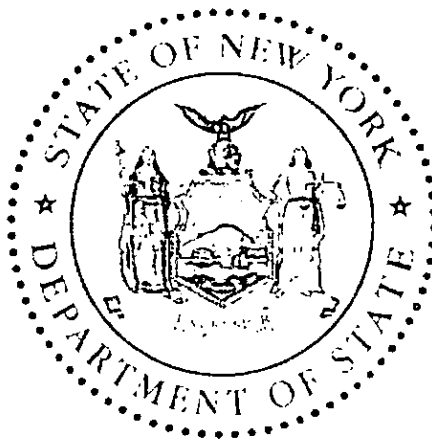
Signature of an authorized person

SEAN HEILWEIL

Typed or printed name of signee

State of New York
Department of State } ss:

I hereby certify, that CACHE VENTURES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/03/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.



2021 FEB 24 PM 2:09
STATE
SECRET

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

Brendan C Hughes

Brendan C Hughes
Executive Deputy Secretary of State