# MALOCOOMIA

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



500362415655

03/24/21--01011--024 \*\*123.00



4/11/21

### COVER LETTER

TO:

TO:	Registration Section Division of Corporations	•								
SUBJ	QRM PLUS FLORIDA - OT LLC									
3020	Name of Limited Liability Company									
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.								
Please	return all correspondence concerning this matter	to the following:								
	Jacob Lebovits	~?								
		Name of Person								
	ExpressCorp Services, Inc.									
		Firm/Company								
	130 Lee Ave Suite 235	Address Till 3								
		Address $\Box$ $\omega$								
	Brooklyn, NY 11211	141								
		City/State and Zip Code								
	info@expresscorpservices.com									
	E-mail address: (to b	be used for future annual report notification)								
For fu	rther information concerning this matter, please ca	all:								
	HERMAN FRIEDMAN	917 282 - 1976 at ( )								
	Name of Contact Person	Area Code Daytime Telephone Number								
	Mailing Address: Registration Section	Street Address: Registration Section								
Division of Corporations		Division of Corporations								
	P.O. Box 6327	The Centre of Tallahassee								
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303								
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE									
	■ \$125.00 Filing Fee □ \$130.00 Filing Fee Certificate									

## 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 HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

aine uia allable, enter alternate i	name adopted for the purpose of transacting business in F	lorida The al	ternate name must include	"Limited Liabil	lity Company	· "·1.1 (	` " or "1   C
EXAS	, ., , ,		803975682		,	<u></u>	, 0. 111.
/I:I:	hich foreign limited liability company is organized)	3.	<u>-</u> -	(FEI number,	<u>_::</u>	<u>:2</u>	
(Jurisdiction under the law of w	men foreign limited flability company is organized)			(Fbi number, i	if applicable	) <u>:</u>	· <u>* (</u>
03/11/2021						汞	
03/11/2021						\ \	j
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ) ine penalty li	ability)		ws.	70	ر عصد ر از از از ر عدد م
4949 WESTGROVE I			1949 WESTGROV	'E DRIVE S	STE 200	<i>\(\text{\tinit}\\ \text{\ti}}\tittt{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}}\tittt{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\tint{\text{\text{\text{\text{\text{\tin}\tint{\tiint{\text{\tin}\tiin</i>	1
et Address of Principal Office)		6	(Mailing Address)			<del>-ä</del>	
DALLAS , TX 75248		1	DALLAS , TX 752		យា	1	
Name and street addres	ss of Florida registered agent: (P.O. Box	- K <u>NOT</u> ac	ceptable)	<u> </u>			
	ss of Florida registered agent: (P.O. Box Registered Agents Inc.	- N <u>OT</u> ac	ceptable)			<u>.</u>	
Name and <u>street addres</u> Name:	•	N <u>OT</u> ac	ceptable)				
	•	NOT ac	ceptable)				
Name:	Registered Agents Inc.	NOT ac	33	702			
Name:	Registered Agents Inc. 7901 4th St. N STE 300	N <u>OT</u> ac	<del></del>	703			
Name: Office Address: gistered agent's acceptions been named as re	Registered Agents Inc.  7901 4th St. N STE 300  St. Petersburg	process fo	33 , Florida	Zip code)  Ilimited liai	bility con	npany	at the p

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<b>≅</b> Manager	Name: SHIYA H FRIEDMAN	□Manager	Name: BAILA FRIEDMAN
□Member	Address: 398 WALLABOUT ST.	■Member	Address: 398 WALLABOUT ST
□Authorized	BROOKLYN, NY 11206	□Authorized	BROOKLYN, NY 11206
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name: 2021 19/10 1
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	2 2 3
□Other	Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□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)
- 10. 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 s.817.155, F.S.

Dall. Aredu Signature of an authorized person

BAILA FRIEDMAN

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for QRM PLUS FLORIDA - OT LLC (file number 803975682), a Domestic Limited Liability Company (LLC), was filed in this office on March 11, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name

officially and caused to be impressed hereon-the Seal of State at my office in Austin, Texas on March 18, 2021.



Ruth R. Hughs Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 1035494230002

Phone: (512) 463-5555 Prepared by: SOS-WEB