

5/4/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M21000180025440

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To:
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Fax Number : (850)617-6383

From:
Account Name : HOMSI LAW, P.A.
Account Number : I20190000004
Phone : (407)377-5507
Fax Number : (407)377-5967

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

Email Address: William@HmsiLaw.com

**Foreign Limited Liability Company
DARK STORM INDUSTRIES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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May 5, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HOMSI LAW, P.A.

SUBJECT: DARK STORM INDUSTRIES LLC
REF: W21000061416

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H21000180025
Letter Number: 321A00009348

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**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:

1. DARK STORM INDUSTRIES LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

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

2. NEW YORK

46-1909231

(Jurisdiction under the law of which foreign limited liability company is organized)

(FEI number, if applicable)

4. UPON FILING WITH FLORIDA SECRETARY OF STATE

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

5. 4116 SUNRISE HWY.

4116 SUNRISE HWY.

(Street Address of Principal Office)

(Mailing Address)

OAKDALE, NEW YORK 11769

OAKDALE, NEW YORK 11769

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

Name: HOMSI LAW, P.A.

Office Address: 8815 CONROY-WINDERMERE ROAD, #402

ORLANDO

32835

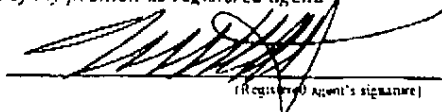
Florida

(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)

WILLIAM HOMSI, PRESIDENT

2021 MAY -5 PM 2:32
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HOMSI
2021 MAY -5 PM 2:32

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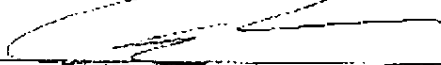
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: EDWARD J. NEWMAN	<input type="checkbox"/> Manager	Name: PETER K. MORRISSEY
<input type="checkbox"/> Member	Address: 4116 SUNRISE HWY.	<input checked="" type="checkbox"/> Member	Address: 4116 SUNRISE HWY.
<input type="checkbox"/> Authorized	OAKDALE, NEW YORK 11769	<input type="checkbox"/> Authorized	OAKDALE, NEW YORK 11769
Person	MANAGING	Person	
<input checked="" type="checkbox"/> Other MEMBER	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.)

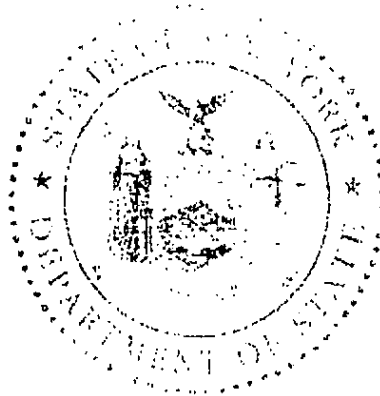
10. This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.135, F.S.


 Signature of an authorized person
 EDWARD J. NEWMAN, MANAGING MEMBER
 Typed or printed name of signer

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State of New York
Department of State } ss:

I hereby certify, that DARK STORM INDUSTRIES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/28/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 16th day of April two
thousand and twenty-one.*

Brendan C. Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*