

M2000006008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

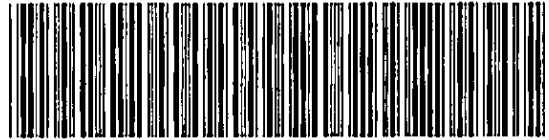
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/06/21--01042--011 **160.00

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21 Apr 1 PM 12:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

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5/18/15

1021-1937

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gondos Enterprise LLC
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:

Viktoria Gondosne Kadar
Name of Person
Gondos Enterpris LLC
Firm/Company
13235. Pinyon Drive
Address
Clermont Fl 34711
City/State and Zip Code
vikigondos@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Viktoria Gondosne at 732 484-6206
Name of Contact Person Area Code 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 & ☐ \$155.00 Filing Fee &
Certificate of Status Certified Copy

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2021

VIKTORIA FONDOSNE KADAR
13235 PINYON DR
CLERMONT, FL 34711

SUBJECT: GONDOS ENTERPRISE LLC
Ref. Number: W21000019387

We have received your document for GONDOS ENTERPRISE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 521A00003262

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:

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

46-2848522

3. _____
(FBI number, if applicable)

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

SAME

6. _____
(Mailing Address)

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

34711

(Zip code)

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)

FILED
21 Apr 1 PM 12:19
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF CALIFORNIA
SAN FRANCISCO, CALIFORNIA


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 checked="" type="checkbox"/> Manager	Name: VIKTORIA GONDOSNE KADAR	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 13235 PINYON DR	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	CLERMONT, FL 34711	<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 s.817.155, F.S.



Signature of an authorized person

VIKTORIA GONDOSNE KADAR

Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
CHANGE OF REGISTERED AGENT CERTIFICATE**

GONDOS ENTERPRISE LLC
0400575726

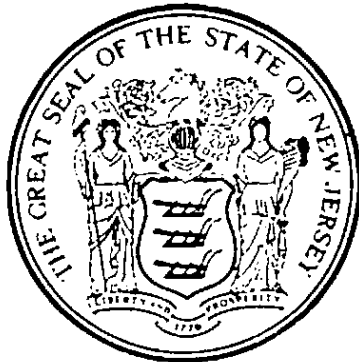
The Division of Revenue and Enterprise Services hereby affirms that the following change was submitted on 01/27/2021 for GONDOS ENTERPRISE LLC.

Previous Registered Agent and Office

VIKTORIA GONDOSNE KADAR
16 DE MOTT LA
SOMERSET, NJ 08873

New Registered Agent and Office

VIKTORIA GONDOSNE KADAR
16 Demott lane
Somerset, NJ 08873



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal, this
27th day of January, 2021

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

Certificate Number : 2535774647
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Elizabeth Maher Muoio
State Treasurer