

M21000006717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

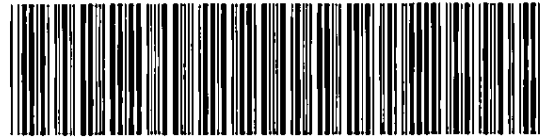
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COUNTY
CLERK

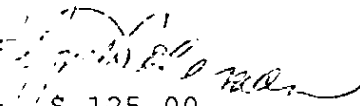
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JUN -3 PM 2:39

RECEIVED

JUN 04 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 841501 8335254
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : June 2, 2021
ORDER TIME : 9:48 AM
ORDER NO. : 841501-005
CUSTOMER NO: 8335254

FOREIGN FILINGS

NAME: JDL FX LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TBL FX 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____

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 & 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:

1. JDL FX 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 "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York 3. 85-2601356
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. <u>998C Old Country Rd</u> (Street Address of Principal Office)	6. <u>998C Old Country Rd</u> (Mailing Address)
<u>PMB 196</u>	<u>PMB 196</u>
<u>Plainview, NY 11803</u>	<u>Plainview, NY 11803</u>

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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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.

Corporation Service Company

By: [Signature]
(Registered agent's signature)

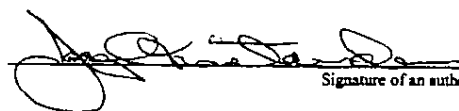
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Joseph Mastanduno</u>	<input type="checkbox"/> Manager	Name: <u>Dennis Brady, Jr.</u>
<input checked="" type="checkbox"/> Member	Address: <u>10 Thorpe Ln</u>	<input checked="" type="checkbox"/> Member	Address: <u>346 N. Boston Ave.</u>
<input type="checkbox"/> Authorized	<u>Plainview, NY 11803</u>	<input type="checkbox"/> Authorized	<u>N. Massapequa, NY 11758</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Jeffrey Cornell</u>	<input type="checkbox"/> Manager	Name: <u>Michael Lamm</u>
<input checked="" type="checkbox"/> Member	Address: <u>46945 Peach Tree Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>158-11 99 Street</u>
<input type="checkbox"/> Authorized	<u>Temecula, CA 92592</u>	<input type="checkbox"/> Authorized	<u>Howard Beach, NY 11414</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Courtney Jennings</u>	<input type="checkbox"/> Manager	Name: <u>Luis Torres</u>
<input checked="" type="checkbox"/> Member	Address: <u>580 SW 51st Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>174 Forest Ave</u>
<input type="checkbox"/> Authorized	<u>Margate, FL 33068</u>	<input type="checkbox"/> Authorized	<u>Shirley, NY 11967</u>
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

JOSEPH MASTANDUNO

Typed or printed name of signer

State of New York
Department of State } **ss:**

I hereby certify, that JDL FX LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/16/2020, 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 01st day of June
two thousand and twenty-one.*

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State