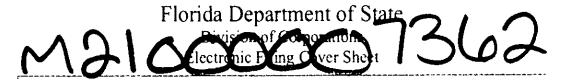
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000234098 3)))



H210002340983ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: STEVE@STEVENROBBINSCPA.COM

## Foreign Limited Liability Company **DECK EXPRESSIONS, LLC**

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

Electronic Filing Menu Corporate Filing Menu

Help

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

|  | DECK EXPRESSIONS, L  | LC  |            |                |
|--|--|---|------------|----------------|
| (Name of Foreig  | gn Limited Liability Company; must include "Limited  |   | .C.")      | <del></del> -  |
| If name unavailable, enter alte<br>liability Company," "L.L.C,"                                  | emate name adopted for the purpose of transacting but or "LLC.")   | siness in Florida. The alternate name n                                   | nust inclu | de "Limited    |
| ,  | YORK 3.  | 26-1430655  |            |                |
| (Jurisdiction under the law o<br>company is organized)   | f which foreign limited liability  | (FEI number, if applicable)   |            |                |
| ·  | (Date first transacted business in Florida, if pr<br>(See sections 605.0904 & 605.0905, F.S. to dete   | ior to registration.)<br>rmine penalty liability)                         |            |                |
| j  | 2015 NORTH FEDERAL HWY STE 20  |   |            |                |
|  | DELRAY BEACH, FL 33483   |   |            |                |
|  | (Street Address of Principal Office)   |   |            |                |
| j  | 2015 NORTH FEDERAL HWY STE 20.   | 8   |            |                |
|  | DELRAY BEACH, FL 33483   |   |            |                |
|  | (Mailing Address)  |   |            |                |
| . Name and street address  | of Florida registered agent: (P.O. Box NOT ac  | rceptable)  |            |                |
| Name:  | LUZ LABARBERA  |   |            |                |
| Office Address:  | 2015 NORTH FEDERAL HWY STE 208   |   | ••         | 2021           |
|  | DELRAY BEACH   | Florida   | •• ·       | 11 KINC 1202   |
|  | (City)   | (Zip code)  |            |                |
| lesignated in this applicati<br>o complywith the provision                                       | istered agent and to accept service of process fion, I hereby accept the appointment as registerns of all statutes relative to the proper and coming position as registered agent. | red agent and agree to act in this c<br>plete performance of my duties, a | apacity.   | i fugher agr   |
|  | (Registered agent's signa  |   |            |                |
|  | city and address of the person(s) who has/have a   |   |            |                |
| LUZ LABARBERA (MEN   | MBER) - 2015 NORTH FEDERAL HWY STE   | 208, DELRAY BEACH, FL 33483   |            |                |
|  |  |   |            |                |
|  |  |   |            |                |
| 9. Attached is a certificate of<br>jurisdiction under the law of<br>of the translator must be su | of existence, no more than 90 days old, duly author which it is organized. (If the certificate is in a bmitted)  Signature of an authorized  | foreign language, a translation of th                                     | stody of a | records in the |
| This document is executed  | in accordance with section 605,0203 (1) (b). Flo   | rida Statutes. I am aware that any fi                                     | dse infor  | rnation        |
| submitted in a document to   | the Department of State constitutes a third degree LUZ LABARBE   |   |            |                |
|  |  |   |            |                |

Typed or printed name of signee

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

I hereby certify, that DECK EXPRESSIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/13/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Biennial Statement was filed 06/11/2021.

I further certify, that no other documents have been filed by such Limited Liability Company.

\*\*\*



Witness my hand and the official seal of the Department of State at the City of Albany, this 11th day of June two thousand and twenty-one.

n | 011 kg

Brendan C. Hughes Executive Deputy Secretary of State

Braden C Hyper

202106140106 - 29