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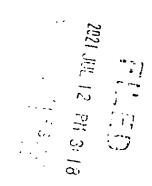
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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| 11 21000 79585 | | | | |

Office Use Only



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10/21



June 19, 2021

OPHIR SAHAR 792 STURGES HWY WESTPORT, CT 06880

SUBJECT: TRI-STATE FIX & FLIP LLC

Ref. Number: W21000089585

We have received your document for TRI-STATE FIX & FLIP 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yvette Scott Document Specialist II

Letter Number: 221A00013868

RECEIVED

COVER LETTER

TO: Registration Section

| Nan | ne of Limited Liability Company | |
|--|--|---------|
| | Company for Authorization to Transact Business in Florida," Cert | |
| return all correspondence concerning this matter | | |
| Ophir Sahar | | |
| | Name of Person | |
| Tri-State Fix & Flip LLC | 202 | |
| | Firm/Company | : |
| 792 Sturges Hwy | | • |
| | Address | ญ |
| | Address : 1 | ن بر |
| Westport, CT 06880 | | |
| | City/State and Zip Code | _ |
| carlos@tristatebpt.com or saharbpt123(| @gmail.com | |
| E-mail address: (to b | be used for future annual report notification) | |
| ther information concerning this matter, please ca | all; | |
| Ophir Sahar | 774 778-4663 | |
| | at () | |
| Name of Contact Person | Area Code Daytime Telephone Number | |
| Mailing Address: | Street Address: | |
| Registration Section | 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 | |
| | | |

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:

| onnecticut Bunsdiction under the law of w | | | | | | |
|--|--|----------------------|----------------|--|--|--|
| (Jurisdiction under the law of w | | 86-2755860 | 3. | | | |
| | which foreign limited liability company is organized) | (FEI number, | if applicable) | | | |
| | | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi | registration,) | | | | |
| | (See sections 605,0904 & 605,0905, F.S. to determi | | 2 | | | |
| 792 Sturges Hwy | | 6. (Mailing Address) | | | | |
| et Address of Principal Office) | | (Mailing Address) | | | | |
| Westport, CT 06880 | | Bridgeport, CT 06604 | | | | |
| <u> </u> | ss of Florida registered agent: (P.O. Box | | | | | |
| | ss of Florida registered agent: (P.O. Box Registered Agents Inc | | | | | |
| Name and street addres | _ | | | | | |
| Name and street addres Name: | Registered Agents Inc | | | | | |

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: |
|--------------------|--------------------------|--------------------|-------------------|
| ⊠Manager | Name: Carlos Buskievicz | □Manager | Name: |
| □Member | Address: 477 Lincoln Ave | □Member | Address: |
| ✓Authorized | Bridgeport - CT 06606 | □Authorized | 2021 |
| Person | | Person | 21 |
| □Other | []Other | □Other | Others |
| _ | 00:- () | _ | Name: |
| □Manager | Name: Ophir Sahar | □Manager | Name: |
| ☑Member | Address: 792 Sturgs Huy | □Member | Address: |
| □Authorized | West port CT 06880 | □Authorized | |
| Person | · | Person | |
| □Other | Other | □Other | Other |
| ∐Manager | Name: | □Manager | Name: |
| □.vialiagei | | - | |
| □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.

Carbo Sushiavicz — OPhia Sawa

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof. DO HEREBY CERTIFY, that articles of organization for

TRI-STATE FIX & FLIP LLC

a domestic limited liability company, were filed in this office on March 22, 2021.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

Date Issued: May 21, 2021