

N21000009094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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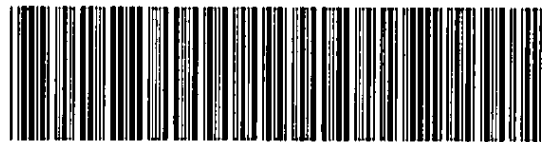
(Business Entity Name)

(Document Number)

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Handwritten signature and date 7/19/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael Strasser Gesellschaft m.b.H. & Co. KG
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:

James Pickens

Name of Person

Kinsey, Vincent, Pyle P.L.

Firm/Company

150 S. Palmetto Ave, Suite 300

Address

Daytona Beach, Florida 32114

City/State and Zip Code

JP@kvplaw.com

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

For further information concerning this matter, please call:

James Pickens at (386) 252-1561
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 & 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. Micheal Strasser L.L.C.

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

Strasser Michael L.L.C.

(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. Republic of Austria

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

3. 1573187

(FEI number, if applicable)

4. N/A

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

5. Pinkenreithweg 4

(Street Address of Principal Office)

A-5340 St. Gilgen, Austria

6. Pinkenreithweg 4

(Mailing Address)

A-5340 St. Gilgen, Austria

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

Name: James Pickens, esq.

Office Address: 150 S. Palmetto Avenue, Suite 300

Daytona Beach

(City)

, Florida 32114

(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)

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:
☐ Manager Name: Michael Strasser
☒ Member Address: Pinkenreithweg 4
☐ Authorized A-5340 St. Gilgen, Austria
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

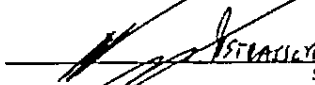
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ 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 605.0293 (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
Michael Strasser

Typed or printed name of signee

Certified True Translation from the German Language

[Coat of Arms Judiciary] **REPUBLIC OF AUSTRIA**
COMPANIES REGISTER

FB

Relevant Date July 5th, 2021

Abstract with actual data

FN28657 v

The main ledger is the basis for this abstract supplemented by data from the document collection.

The latest entry was made on March 16th, 2021, under entry number 32

Court of competent jurisdiction is the Regional Court Salzburg

1 previously Regional Court Salzburg HRA 4647

initial registration as of December 21st, 1990

COMPANY NAME

1 **MICHAEL STRASSER**
Gesellschaft m.b.H. & Co. KG

LEGAL FORM

1 limited partnership
1 legal from existing since October 1st, 1990

OFFICIAL SEAT in

17 political community Sankt Gilgen

BUSINESS ADDRESS

26 Pinkenreithweg 4
5340 St. Gilgen

LINE OF BUSINESS

10 Trade in textiles and aircraft

RELEVANT DATE for the ANNUAL STATEMENT OF ACCOUNTS

10 June 30th

ANNUAL STATEMENT OF ACCOUNTS (last entry; others see history)

32 as of June 30th, 2020, filed on March 9th, 2021

GENERAL PARTNER

A **MICHAEL STRASSER Gesellschaft m.b.H.**
1 represents independently since October 1st, 1990

LIMITED PARTNER

AMOUNT OF LIABILITY

B Michael Strasser, born on November 12th, 1952
10 EUR 5,000

--- PERSONS ---

3 A **MICHAEL STRASSER Gesellschaft m.b.H.**
3 (FN 44783 h)
26 Pinkenreithweg 4



10 B 5340 St. Gilgen
26 Michael Strasser, born on November 12th, 1952
Pinkeneithweg 4
5340 St. Gilgen

-----LIST OF ENTRIES-----

Regional Court of Salzburg

1 initial information registered on August 27 th , 1992	File number 902 Fr	1149/92 h
initial registration pursuant to Art. XXIII para 4 FBG (Law on Companies Register)		
3 registered on August 1 st , 1995	File number 24 Fr	5198/95 h
official post-processing		
10 registered on April 3 rd , 2003	File number 45 Fr	1365/03 p
petition for amendment entered on March 21 st , 2003		
17 registered on February 27 th , 2009	File number 45 Fr	944/09 y
26 registered on April 9 th , 2015	File number 45 Fr	1171/15 i
official intervention		
32 registered on March 16 th , 2021	File number 51 Fr	370/21 d
electronically rendered annual statements entered on March 9 th , 2021		

----- INFORMATION OF THE AUSTRIAN NATIONAL BANK -----

Valid identification number as of July 5th, 2021: 1573187

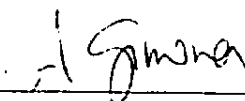
REPUBLIC OF AUSTRIA [JUDICIARY] SIGNATURE	Date/Time	2021-07-05T20:54:17+02:00
	Notice	This document has been electronically signed. A printout of this document also has the probative value of a public document.
	Check information	For information on verifying the electronic seal or electronic signature and printout, see: http://kundmachungen.justiz.gv.at/justizsignatur



Salzburg, Austria, July 06, 2021.

CERTIFICATE OF TRANSLATION

I, Anna Gimona, am competent to translate from German
into English, and certify that the translation of
FIRMENBUCHAUZUG (COMPANY REGISTER ABSTRACT)
is true and accurate to the best of my abilities



Signature of Translator

ANNA GIMONA

Name of Translator

Waldrand 5, 5300 Hallwang, AUSTRIA, EUROPE

Address of Translator

+56 9 3198 4429

Telephone Number of Translator

ANNA GIMONA, NATIONAL ID NUMBER 26.766.133-2, German-Spanish-English Translator and Interpreter, Member N° 392 of the Chilean Translators & Interpreters Association COTICH, certifies that the herewith translation is a faithful and complete copy of the original document written in German and translated into English.

Anna Gimona

NATIONAL ID NUMBER: 26.766.133-2

German-Spanish-English Translator and Interpreter, University of Vienna

Member N° 392 of the Chilean Translators & Interpreters Association COTICH

COTICH is a member of FIT - Fédération Internationale des Traducteurs (International Federation of Translators)

Cel.: +56 9 3198 4429

annagimona@gmail.com

Verify professional certification at

www.cotich.cl

