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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	I200000001	95	
	REFERENCE	: .	976853	4802897	
	AUTHORIZATION	3	pull den	an	
	COST LIMIT	,0	\$ 155.00		
ORDER DATE :	August 26, 2021				
ORDER TIME :	11:18 AM				
ORDER NO. :	976853-005				
CUSTOMER NO:	4802897				
FOREIGN FILINGS					

NAME: DUKAL LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: \_\_\_\_\_

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:		Dukal LLC
	11.	Name of Limited Liability Company
The enclosed " Existence, and	Application by Foreign Limited I check are submitted to register the	Liability Company for Authorization to Transact Business in Florida," Certificate of a above referenced foreign limited liability company to transact business in Florida.
Please return a	ll correspondence concerning this	matter to the following:
	Michael Stringfellow	
		Name of Person
	Garfunkel Wild, PC	
		Firm/Company
	111 Great Neck Road, 6th	Floor
		Address
	Great Neck, NY 11021-540	6
		City/State and Zip Code
	mstringfellow@garfunkelwild	.com
	E-mail addre	ss: (to be used for future annual report notification)
For further info	ormation concerning this matter,	please call:
Micha	ael Stringfellow	516 393-2578
	Name of Contact Pers	on Area Code Daytirne Telephone Number
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations
P.O. Box 6327 The Centre of Tallaha		The Centre of Tallahassee
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Please	25.00 Filing Fee 💢 \$130.00	DA DEPARTMENT OF STATE

## 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: **Dukal 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,") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) Not Applicable (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2 Fleetwood Court 2 Fleetwood Court (Street Address of Principal Office) (Mailing Address) Ronkonkoma Ronkonkoma New York 11779 New York 11779 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 32301 (Crty) 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 (Registered agent's aignature)

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: Gerald LoDuca □Manager Name: ☐ Manager Name: \_\_\_ 2 Fleetwood Court ■Member Address: □Member Address: Ronkonkoma □ Authorized ☐ Authorized NY 11779 Person Person ☐Other\_\_ □Other\_\_\_\_ □Other\_\_\_ □Other Charles K. Abbinanti Manager Name: □Manager 2 Fleetwood Court **■**Member ☐ Member Address: Ronkonkoma □ Authorized □ Authorized NY 11779 Person Person ☐Other CiOther\_\_\_\_ Other Other Richard J. Kinsella, Jr. □Manager □ Manager 2 Fleetwood Court **■**Mcmbcr Address: □Member Address: \_\_\_\_\_ Ronkonkoma □ Authorized ☐ Authorized NY 11779 Person Person □Other ☐()ther\_\_\_\_\_ Other\_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 action 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.

Michael Stringfellow

Typed or printed name of signee

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DUKAL, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DUKAL, LLC" WAS FORMED ON THE NINETEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203995577

Date: 08-24-21

6097060 8300 SR# 20213065774