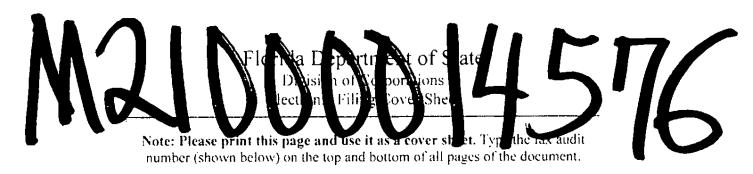
Division of Corporations



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

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Division of Corporations

Fax Number

(850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number: T20080000067 Phone: (845)425-0077

Fax Number : (845)818-3588

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

Fmail	Address:				



Foreign Limited Liability Company KITH RETAIL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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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: KITH RETAIL, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, rater alternate name adopted for the purpose of transacting business in Florida. The alternate name must metude "Limited Liability Company," "L.L.C." or "L.L.C." or "L.L.C." (Including on let the law of which foreign limited has nity company is organized) [Date first transacted business in Plorida, if prior to registration.]
(See sections 605 0904 & 605 0905, F.S. to determine penalty bability) 25 Kent Avenue, Suite 301 25 Kent Avenue, Suite 301 5. (Street Address of Principal Office) (Mading Address) Brooklyn, NY 11249 Brooklyn, NY 11249 7 Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Veorp Services, LLC Name: 5011 South State Road 7, Suite 106 Office Address: Registered agent's acceptance: Having been named us 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 us 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 argusture)

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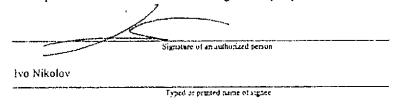
From: Voorp Services, LLC

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 Capacit	<u>y:</u>	Name and Address:
□Manager	Name: Ivo Nikolov	□Manager	Name:	
□Member	Address: 25 Kent Avenue, Suite 30!	□Member	Address:	
■Authorized	Brooklyn, NY 11249	□Authorized		
Person		Person		
[]Other	□ Other	□Other	**************************************	Other
□Manager	Nume:	□Manager	Name:	
□Member	Address:	□ Member	Address:	
□Authorized		□Authorized		2 2 2
Person		Person	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Other		[Other		□Other : 1
				_m _m
□Manager	Name:	□Manager	Name.	,
□Member	Address:	□Member	Address:	<u>c</u> ;
□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. 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 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.



STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: KITH RETAIL, LLC

DOS 1D Number: 4093147

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 05/11/2011

Statement Status: CURRENT

Statement Due Date: 05/31/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION

Date of Filing: 05/11/2011

Entity Name: KITH RETAIL, LLC

Document Type: CERTIFICATE OF PUBLICATION

Date of Filing: 08/15/2011

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 07/24/2017

 Effective Date:
 05/01/2017

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 06/26/2019

 Effective Date:
 05/01/2019

Document Type: CERTIFICATE OF AMENDMENT

Date of Filing: 12/28/2020

Document Type: BIENNIAL STATEMENT

Date of Filing: 10/22/2021

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 22, 2021 at 11:00 A.M.

ROSSANA ROSADO, Secretary of State

Brandon C Heylan

By Brendan C. Hughes

Executive Deputy Secretary of State

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