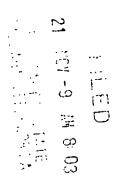
## M2100014931

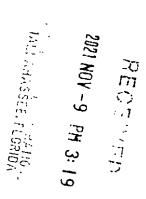
(Requestor's Name)
· (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
Special Instructions to Filing Officer:

Office Use Only



500376227555





T. LEMIEUX NOV 1 0 2021

## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com



## **ORDER FORM**

**TO** ] Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

850.656.7953

REQUEST	DATE	11/9/2021
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PRIORITY Regular Approval OUR REF # (Order ID#) 964712

ORDER ENTITY CATTLIN KELLY AGENCY LLC.

PLEASE PERFORM THE FOLLOWING SERVICES:  CAITLIN KELLY AGENCY LLC (FL)
File the attached foreign qualification document
NOTES:
\$125.00 Authorized
RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052
Please bill the above referenced account for this order.
If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, November 9, 2021 Page 1 of 1

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

IN COMPLIANCE WITH SECTION 605,0502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida. The alteri	iale name must include "Lim	nted Liability Company," "E.L.C," or "L	a.c.")
NEW YORK			-3656432		
2. (Jurisdiction under the law of w	hich foreign limited hability company is organized)	3	(HE	f number, if applicable)	
4	(Date first transacted business in Florida, if prior to	The second secon		·······	
	(See sections 605,0904 & 605 0905, F.S. to determ	ine penalty liabil	ity)	21	
5811 LA GORCE DRI	_	,		2 7	
5. (Street Address of Principal Office)		0	(Mailing Address)		•
MIAMI BEACH, FL 3	3140			- O E	ì
				<u> </u>	
<ol> <li>Name and street address</li> <li>Name;</li> </ol>	es of Florida registered agent: (P.O. Box	NOT acce	ptable)		
Office Address:	5811 LA GORCE DRIVE				
	МІАМІ ВЕАСН		33140 , Florida		
	(Cuy)		(Zip co	ode)	
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	s registered	agent and agree to	act in this capacity. I furth	er agre
	Ø€.				
	(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:	Title or Capacity	<u>::</u>	Name and Address:
■Manager	Name: CAITLIN KELLY	□Manager	Name:	
■Member	Address: 5811 LA GORCE DRIVE	□Member	Address:	
□Authorized	MIAMI BEACH, FL 33140	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		☐ Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	□Other	□Other		□Other

<u>Important Notice:</u> 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.

- O.C.		
	Signature of an authorized person	
CAITLIN KELLY		

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status.

tary of State of the State of New York, and custodian of the record a diligent examination of the records of the Department of State,

DOS ID Number:

5812770

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

**EXISTING** 

Date of Initial Filing with DOS:

08/14/2020

Statement Status:

CURRENT

Statement Due Date:

08/31/2022

at the City of Albany, on October 01, 2021 at 11:01 A.M.

OF NEW

ROSSANA ROSADO, Secretary of State

By Brendan C. Hüghes

Executive Deputy Secretary of State

authenticity of this document you may access the ation Website at http://ecorp.dos.ny.gov