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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC
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Foreign Limited Liability Company
KRELL ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

S. FRANKLIN
DEC - 6 2021

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

2. New York
Jurisdiction under the law of which foreign limited liability company is organized
3.
(FBI number, if applicable)

4.
(Has the firm transacted business in Florida, if prior to registration?
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 255 Merrick Rd
(Street Address of Principal Office)
Rockville Centre, NY 11570
6. 255 Merrick Rd
(Mailing Address)
Rockville Centre, NY 11570

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

Name: Scott Dreyfus CPA
Office Address: 3730 Coconut Creek Pkwy Ste 110
Coconut Creek, Florida 33066
(City) (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.

Scott Dreyfus
(Registered agent's signature)

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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):

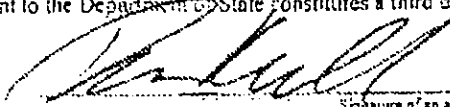
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Brian Krell	<input type="checkbox"/> Manager	Name:
<input checked="" type="checkbox"/> Member	Address: 255 Merrick Rd	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized Person	Rockville Centre, NY 11570	<input type="checkbox"/> Authorized Person
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized Person	<input type="checkbox"/> Authorized Person
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized Person	<input type="checkbox"/> Authorized Person
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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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, P.S.



 Signature of an authorized person

Brian Krell

 Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, BRENDAN C. HUGHES, Acting 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: KRELL ASSOCIATES, LLC
 DOS ID Number: 2437319
 Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
 Entity Status: EXISTING
 Date of Initial Filing with DOS: 11/08/1999
 Statement Status: CURRENT
 Statement Due Date: 11/30/2023

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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: 11/08/1999
 Entity Name: KRELL ASSOCIATES, LLC

Document Type: BIENNIAL STATEMENT
 Date of Filing: 11/08/2001
 Effective Date: 11/01/2001

Document Type: CERTIFICATE OF CHANGE
 Date of Filing: 07/31/2015

Document Type: BIENNIAL STATEMENT
 Date of Filing: 12/03/2021

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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 December 03, 2021 at 03:37 P.M.

BRENDAN C. HUGHES, Acting Secretary of State

Brendan C. Hughes



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