

12/17/21, 5:27 PM

Division of Corporations

M2100017345

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000460340 3)))



H210004603403ABCU

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

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC
Account Number : 120110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

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

contact@interstatefilings.com

Email Address: _____

2021 DEC 20 PM 12:04

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

TALLAHASSEE, FL

2022 DEC 20 PM 1:02

FILED

Foreign Limited Liability Company
HAPPY KIDS ABA LLC

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

S. FRANKLIN

DEC 21 2021

Electronic Filing Menu

Corporate Filing Menu

Help

(((H21000460340 3)))

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. HAPPY KIDS ABA LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. NEW YORK
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
 (See sections 603.0904 & 603.0903, F.S. to determine penalty liability)

5. 16699 COLLINS AVE APT 2609
(Street Address of Principal Office)

6. 16699 COLLINS AVE APT 2609
(Mailing Address)

SUNNY ISLES BEACH, FL 33160

SUNNY ISLES BEACH, FL 33160

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


Name: WALEED ELDER

Office Address: 16699 COLLINS AVE APT 2609

SUNNY ISLES BEACH, Florida 33160
(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.


(Registered agent's signature)

(((H21000460340 3)))

2022 DEC 20 PM 1:02

FILED

TALLAHASSEE FL

(((H21000460340 3)))

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 checked="" type="checkbox"/> Manager	Name: <u>WALEED ELDER</u>	<input type="checkbox"/> Manager	Name: _____
	<u>16699 COLLINS AVE APT 2609</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Authorized	_____
<input type="checkbox"/> Authorized	<u>SUNNY ISLES BEACH, FL 33160</u>	<input type="checkbox"/> Person	_____
Person	_____	<input type="checkbox"/> Other	_____
<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	<input type="checkbox"/> 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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	<input type="checkbox"/> Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

FILED
 2022 DEC 20 PM 1:02
 STATE
 OF FLORIDA
 DEPARTMENT OF STATE

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, F.S.



 Signature of an authorized person

WALEED ELDER

 Typed or printed name of signer

(((H21000460340 3)))

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, 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: HAPPY KIDS ABA LLC
DOS ID Number: 5827800
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 09/03/2020
Statement Status: CURRENT
Statement Due Date: 09/30/2022

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: 09/03/2020
Entity Name: HAPPY KIDS ABA LLC

Document Type: CERTIFICATE OF PUBLICATION
Date of Filing: 12/15/2020

Document Type: CERTIFICATE OF CHANGE
Date of Filing: 12/21/2020

Document Type: CERTIFICATE OF CHANGE
Date of Filing: 01/21/2021

FILED
2022 DEC 20 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2022 DEC 20 PM 1:02

TALLAHASSEE, FL

Above space is left blank intentionally.

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 17, 2021
at 05:25 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State



By Brendan C. Hughes
Executive Deputy Secretary of State