

M21 00007511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

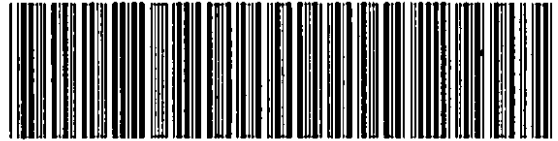
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400376926194

11/22/21--01012--008 **125.00

FILED
2021 DEC 17 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE MUHLSTOCK FIRM
101 NE 3rd Ave #1500
Fort Lauderdale, FL 33301
(516) 242-8185
Jason@tenenbaumlawgroup.com

November 16, 2021

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: The Muhlstock Firm, LLC

Dear Sir or Madam:

Please be advised that in accordance with my conversation with your office, we dissolved "The Muhlstock Firm, PLLC", document number L21000460771, since it was improperly incorporated as a Florida Limited Liability Company. By this correspondence, we seek to refile the "The Muhlstock, LLC" as a foreign limited liability company and to re-register the name. We are hereby refiling the corporation as a Foreign Limited Liability Company.

Should you have any questions, please feel free to contact us.

Very Truly Yours,

/s/ Jason Tenenbaum
Jason Tenenbaum

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Muhlstock Firm, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jason Tenenbaum

Name of Person

The Muhlstock Firm, LLC

Firm/Company

101 NE 3rd Ave #1500

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

Jason@tenenbaumlawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Tenenbaum

516

242-8185

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. The Muhlstock Firm, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

The Muhlstock Firm, 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.")

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

3. _____
(FEI number, if applicable)

4. None
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 101 NE 3rd Ave #1500
(Street Address of Principal Office)

6. 101 NE 3rd Ave #1500
(Mailing Address)

Fort Lauderdale, FL 33301

Fort Lauderdale, FL 33301

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

Name: Tenenbaum Law Group, PLLC

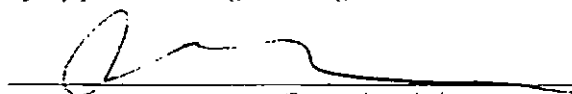
Office Address: 1600 Ponce De Leon, 10th Floor

Coral Gables, FL 33134
(City) Florida (Zip code)

FILED
2021 DEC 17 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

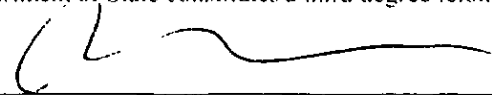
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

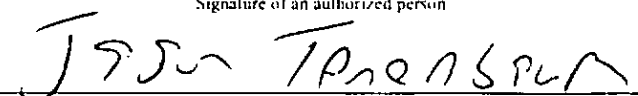
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Jason Tenenbaum	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 790 East Broward Blvd., #2308	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Fort Lauderdale, FL 33301	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Todd Muhlstock	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 350 Herb Hill Road	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Glen Cove, NY 11542	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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


Typed or printed name of signee

**STATE OF NEW YORK
DEPARTMENT OF STATE**

I hereby certify that the annexed copy for THE MUHLSTOCK FIRM, PLLC, File Number 211006000483 has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.

WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on October 06, 2021.



Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State