

1722000002568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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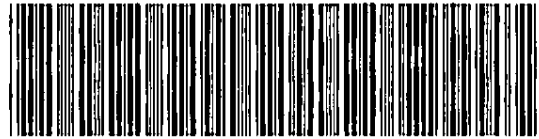
(Business Entity Name)

(Document Number)

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T. LEMIEUX  
FEB 17 2022

**VIA FEDEX**

**Tracking Number 815287244496**

December 24, 2021

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

**Re: 19 Rogers Road, LLC**

**Application for Foreign LLC to Transact Business in Florida**

To Whom It May Concern:

My name is Moise Lavian and I represent 19 Rogers Road, LLC. Attached to this cover letter please find the following:

- The completed and signed application for the above-referenced entity to transact business in Florida.
- The Certificate of Status authenticated by Brendan C. Hughes, Executive Deputy Secretary of the State of New York, confirming that the LLC is current and in good standing with New York State.
- Check #2421 made payable to Florida Department of State in the amount of \$160.00 for the filing fee, certificate of status and certified copy for the processing of this application.

I would greatly appreciate it if your office would process this application immediately. Please do not hesitate to reach out to me with any questions or concerns. My contact information and mailing address are below.

Thank you for your prompt attention to this matter.

Moise Lavian

Office: 212-213-2500, Cell: 516-551-2950

mlav360@yahoo.com

377 Park Avenue South, 3<sup>rd</sup> Floor

New York, NY 10016

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 19 Rogers Road 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:

Moise Lavian  
Name of Person

19 Rogers Road LLC  
Firm/Company

377 Park Avenue South, 3rd Floor  
Address

New York, NY 10016  
City/State and Zip Code

m1av360@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Moise Lavian OR  
Aniel Lavian at ( 212 ) 213-2500  
Name of Contact Person 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. 19 Rogers Road LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. State of 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 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 377 Park Avenue South  
(Street Address of Principal Office)

6. 377 Park Avenue South  
(Mailing Address)

3rd Floor  
New York, NY 10016

3rd Floor  
New York, NY 10016

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

Name: Neal S. Litman, P.A.

Office Address: 169 E. Flagler St., Suite 500  
Miami, Florida 33131  
(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)

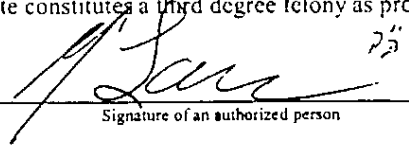
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Moise Lavian</u>		<input checked="" type="checkbox"/> Manager	Name:	<u>George Lavian</u>	
<input type="checkbox"/> Member	Address:	<u>377 Park Avenue South</u>		<input type="checkbox"/> Member	Address:	<u>377 Park Avenue South</u>	
<input type="checkbox"/> Authorized		<u>3rd Floor</u>		<input type="checkbox"/> Authorized		<u>3rd Floor</u>	
Person		<u>New York, NY 10016</u>		Person		<u>New York, NY 10016</u>	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	<u>Ariel Lavian</u>		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	<u>377 Park Avenue South</u>		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		<u>3rd Floor</u>		<input type="checkbox"/> Authorized			
Person		<u>New York, NY 10016</u>		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

Moise Lavian  
\_\_\_\_\_  
Typed or printed name of signer

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: 19 ROGERS ROAD, LLC  
DOS ID Number: 4415216  
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 06/10/2013  
  
Statement Status: CURRENT  
Statement Due Date: 06/30/2023

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 February 01, 2022 at 11:19 A.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State

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