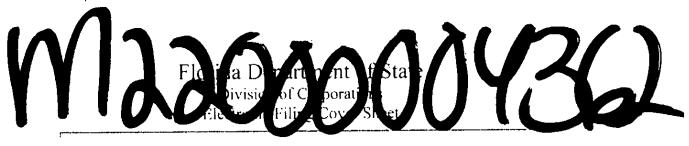
Division of Corporations

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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.

(((H220001053513)))



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

Fam Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 : (845)818-3588 Fax Number

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

Email Address:

2022 HAB 23 AH 10: 12 Foreign Limited Liability Company Bellcom Group LLC Certificate of Status 0 0 Certified Copy 03 Page Count \$125.00 Estimated Charge

T. LEMIEUX

MAR 24 2022

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 015 (002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPLIANCE WITH SECTION 11 SECTION 11 SECTION 11 SECTION 12 SECTION 12 SECTION 12 SECTION 12 SECTION 12 SECTION 13 SECTION 14 SECTION 14 SECTION 14 SECTION 14 SECTION 14 SECTION 15 SECT

(Name of Foreign) Molka LLC	united Liability Company, must include "Umited	Liability Compan	STALES TRANSCO			
	nine adopted for the purpose of transacting business () He	onda. De alternate n	aing must include "Limaged Lic	ability Company Coll L.C. or LLCC		
New York	och foreign læmed lidbildy volugans is organized)			er, if applicable)		
4	(Date first transacted bissocs) to Hunda, if price to					
	(See sections 605 0904 & 605 0905 1.8) to determin	e remit happy				
3109 Grand Ave. Unit # 250 5. (Street Address of Principal Office)			3109 Grand Ave, Unit # 250 6			
(Struct Address of Principal Office)		13	aling Address)	· · · · · · · · · · · · · · · · · · ·		
Miami, FL 33133		Miumi	. FL 33133			
			V /	75.0. 28		
	s of Florida registered agent: (P.O. Box	NOT acceptat	ble)	FILE 2022 HAR 23 SECTATIONS FILE		
Name:	Tim White			ED PM12:		
Office Address:	3109 Grand Ave. Unit # 250			FILED 23 PHI2: 10 23 PHI2: 10 SSEE, FLORIDA		
	Miami		33133 . 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.



Page: 4 of 5

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: MK Capital Holdings LLC	□Manager	Name:	
≅ Member	Address: PO Box 1264	□Member	ے Address:	
T Authorized	Monsey, NY 10952	C Authorized	quantity can be notice to the care	
Person		Person		
LIOther	Other	[]Other		□Other
□Manager	Name:	□Manager	Name:	
⊖Member	Address:	□ Member	Address:	
DAuthorized		□ Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	∴ □Manager	Name:	
□Member -	Address:	□Member	Address:	
□Authorized		☐ Authorized		
Person		Person		
□Othet		□Other		[]Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 \$.817.155, F.S.

	Tim Mhite	
	Superfice of a conthories diperson	
Tim White		
	Pages or printed name of signer	

To: +18506176383

STATE OF NEW YORK

18886118813

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, 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:

BELLCOM GROUP LLC **Entity Name:**

DOS ID Number: 4629673

DOMESTIC LIMITED LIABILITY COMPANY Entity Type:

EXISTING **Entity Status:** Date of Initial Filing with DOS: 09/02/2014

Statement Status: CURRENT 09/30/2024 Statement Due Date:

I certify that the following is a list of documents on file in the Department of State for said entity:

ARTICLES OF ORGANIZATION

Document Type: 09/02/2014 Date of Filing:

BELLCOM GROUP LLC Entity Name:

BIENNIAL STATEMENT Document Type:

03/21/2022 Date of Filing: Effective Date: 09/01/2020

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



Page: 3 of 5

WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 22, 2022 at 06:51 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100001266037 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

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