

M22000004611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

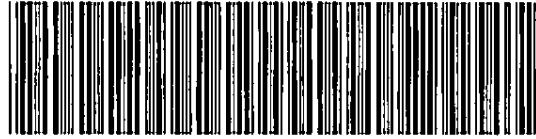
(Document Number)

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FILED  
2022 MAR 25 PM 4: 59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. LEMIEUX  
MAR 28 2022

COVER LETTER

TO: Registration Section
Division of Corporations
Ronald Sachs Violins, LLC

SUBJECT: 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:

David A. Eastman

Name of Person

The Eastman Law Firm, P.C.

Firm/Company

881 Piedmont Avenue

Address

Atlanta, GA 30309

City/State and Zip Code

Handwritten: david@eastmanlaw.com

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

For further information concerning this matter, please call:

David A. Eastman 404 477-2600
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

- Checkboxes for filing fees: \$125.00, \$130.00, \$155.00, \$160.00 with descriptions of certificates.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 11, 2022

DAVID A EASTMAN  
881 PIEDMONT AVE  
ATLANTA, GA 30309

SUBJECT: RONALD SACHS VIOLINS, LLC  
Ref. Number: W22000016408

We have received your document for RONALD SACHS VIOLINS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 622A00003504

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. Ronald Sachs Violins, 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."
Georgia Applied For

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

January 31, 2022
4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

4155 5th Ave N 4155 5th Ave N

5. (Street Address of Principal Office)
6. (Mailing Address)

St. Petersburg, FL 33713 St. Petersburg, FL 33713

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

Name: Ronald Sachs
Office Address: 4155 5th Ave N
St. Petersburg 33713
Florida
(City) (Zip code)

FILED
2022 MAR 25 PM 4:59
STATE OF FLORIDA
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)

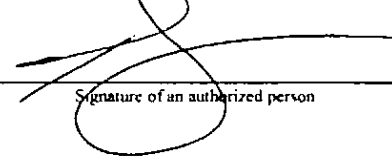
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Ronald Sachs</u> Address: <u>4155 5th Ave N</u> <u>St. Petersburg, FL 33713</u>	<input type="checkbox"/> Manager	Name: _____ Address: _____
<input type="checkbox"/> Member	_____	<input type="checkbox"/> Member	_____
<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: _____ Address: _____	<input type="checkbox"/> Manager	Name: _____ Address: _____
<input type="checkbox"/> Member	_____	<input type="checkbox"/> Member	_____
<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: _____ Address: _____	<input type="checkbox"/> Manager	Name: _____ Address: _____
<input type="checkbox"/> Member	_____	<input type="checkbox"/> Member	_____
<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 _____

**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  
 Ronald Sachs  
 \_\_\_\_\_  
 Typed or printed name of signee

# STATE OF GEORGIA

Secretary of State  
Corporations Division  
313 West Tower  
2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**RONALD SACHS VIOLINS, LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 22293884  
Date Inc/Auth/Filed: 10/11/2002  
Jurisdiction : Georgia  
Print Date : 01/15/2022  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State