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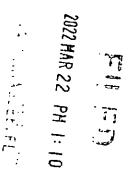
(Re	equestor's Name)	
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S. FRANKLIN APR 1 0 2022

### COVER LETTER

TO:		ation Section n of Corporations		
SURT	V( <b>ECT</b> :	GM Sparky LLC		
<i>3</i> <b>4 3 3 3 3 3 3 3 3 3 3</b>		Name	e of Limited Liability Company	
The er Existe	nclosed "A nce, and cl	pplication by Foreign Limited Liability (neck are submitted to register the above	Company for Authorization to Transact Business in Florida," Coreferenced foreign limited liability company to transact business	ertificate o s in Florid
Please	return all	correspondence concerning this matter to	o the following:	
		Jennifer Koo, Esq.		
			Name of Person	
		Sales Tax Defense LLC		
	Firm/Company			
		673 Deer Park Ave	~1	
			Address 8822	
		Dix Hills, NY 11746	Address Address Address	1 2 1 2
		C	ity/State and Zip Code	
		accountregistrations@voyagergm.com	P#	: • }
	•	E-mail address: (to be	e used for future annual report notification)	
For fu	rther infor	mation concerning this matter, please cal	ıl:	<b>)</b>
Jennifer Koo, Esq.		r Koo, Esq.	631 491-1500 ext 16	
		Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:		<del></del>	Street Address:	
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
	Tallah	assee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Please r	ed is a check for the following amount: make check payable to: FLORIDA DEP 5.00 Filing Fee	e & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Ce	

## 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:

name unavailable, enter alternate o	name adopted for the purpose of transacting business in Florida.	The alternate name must include "Limited Liab	ility Company," "L L.C,"	or "LLC."
New York		88-1146239		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)		
·	(Date first transacted business in Florida if prior to registr	ation )	_	
445 Empire Blvd	(Date first transacted business in Florida, if prior to registr (See sections 605 0904 & 605.0905, F.S. to determine per	aliy liability) 445 Empire Blvd		
treet Address of Principal Office)		6. (Mailing Address)	<del></del>	
Brooklyn, NY 11225		Brooklyn, NY 11225		
	<del></del>	-	~:	
Name and street addres	ss of Florida registered agent: (P.O. Box NC	T_acceptable)	2 MAR 22	
Name:	Hubco Registered Agent Services, Inc.		PH 1:11	فين ا
Office Address:	155 Office Plaza Dr, 1st Fl.	· · ·	10	
	Tallahassee	32301 . Florida		

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: Name and Address: Title or Capacity: Fast Track Leasing, LLC □Manager □Manager 445 Empire Blvd Address: \_\_\_ Address: \_ \_\_\_\_ □Member Member Brooklyn, NY 11225 □ Authorized □ Authorized Person Person Other\_\_\_\_ Other\_\_\_\_\_ Other Other\_\_\_\_ Shmuel Jurkowicz Name: \_ Name: \_\_\_\_\_ □Manager Manager Address: \_\_\_\_ □Member Address: \_\_\_\_\_ Kunkletown, PA 18058 □ Authorized ☐ Authorized Person Person □Other\_ Other\_\_\_\_ Other Other\_\_\_ Name: \_\_\_\_\_ □ Manager □Manager □Member ☐ Member □ Authorized Authorized Person Person □Other = □Other ☐ 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 s.817.155, F.S. kowicz (Mar 14, 2022 16:42 EDT) Signature of an authorized person Shmuel Jurkowicz

Typed or printed name of signee

#### STATE OF NEW YORK

#### 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:

**Entity Name:** 

VGM SPARKY LLC

DOS ID Number:

6426250

**Entity Type:** 

DOMESTIC LIMITED LIABILITY COMPANY

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

03/10/2022

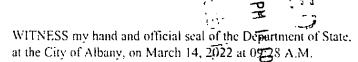
Statement Status:

CURRENT

Statement Due Date:

03/31/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity. 22



ROBERT J. RODRIGUEZ, Secretary of State

OF NEW OF NEW OF A STATE OF ST

Brandon C Hugher

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100001213795 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>