

M22000006030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

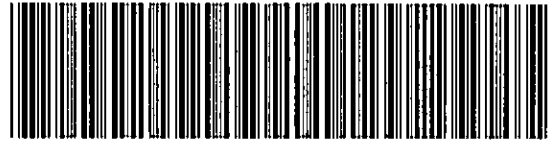
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800385216648

04/06/22--01012--018 **160.00

2022 APR -6 PM 4:06

FILED

S. FRANKLIN
APR 19 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLYKOP, 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:

MAGDALENA WALKOWIAK
Name of Person
MW TAXES, INC.
Firm/Company
524 W NORTHWEST HWY
Address
ARLINGTON HTS, IL 60004
City/State and Zip Code
MAGDA@MW-TAXES.COM
E-mail address: (to be used for future annual report notification)

2022 APR -6 PM 4:06
FILED

For further information concerning this matter, please call:

MAGDALENA WALKOWIAK 847 749-4105
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. FLYKOP 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. ILLINOIS
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-1927593
(FEI number, if applicable)

4. 04/01/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 12338 ECLIPSE CT
(Street Address of Principal Office)

6. 12338 ECLIPSE CT
(Mailing Address)

NEW PORT RICHEY, FL 34654

NEW PORT RICHEY, FL 34654

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

Name: ROBERT MUCHA

Office Address: 12338 ECLIPSE CT

NEW PORT RICHEY, Florida 34654
(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.

Robert Mucha
(Registered agent's signature)

2022 APR -6 PM 4:06

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 type="checkbox"/> Manager	Name: ROBERT MUCHA	<input type="checkbox"/> Manager	Name: JOANNA GASZTYCH
<input checked="" type="checkbox"/> Member	Address: 12338 ECLIPSE CT	<input checked="" type="checkbox"/> Member	Address: 12338 ECLIPSE CT
<input checked="" type="checkbox"/> Authorized Person	NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Authorized Person	NEW PORT RICHEY, FL 34654
<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 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:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<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:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<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

FILED
2022 APR -6 PM 4:06
FBI

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.

x Robert Mucha

Signature of an authorized person

ROBERT MUCHA

Typed or printed name of signer

File Number

0893329-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

FLYKOP LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 13, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

2022 MAR -6 PM 4:06



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 14TH
day of MARCH A.D. 2022 .

Jesse White

SECRETARY OF STATE