

## Florida Department of State

M2200007111  
 Division of Corporations  
 Electronic Filing Cover Sheet

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**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  
 Fax Number : (850) 617-6333

From:

Account Name : Vcorp SERVICES, LLC  
 Account Number : I20080900067  
 Phone : (845) 425-0077  
 Fax Number : (845) 818-3598

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

Email Address: \_\_\_\_\_

## Foreign Limited Liability Company

## TEG Developers LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

2022 MAY -6 PM 1:10

2022 MAY -6 PM 12:26  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

# 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. TEG Developers LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

(If name is not a LLC, enter alternate name employed for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. NY

(If not an overseas, the law of which foreign limited liability company is registered)

3. \_\_\_\_\_

(If E number, if applicable)

4. \_\_\_\_\_

(If not first transacted business in Florida, or prior to registration, (See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

365 Route 59, Suite 110

5. \_\_\_\_\_  
(Street Address of Principal Office)

Airmont, NY 10952

365 Route 59, Suite 110

6. \_\_\_\_\_  
(Street Address)

Airmont, NY 10952

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

Name

Vcorp Services, LLC

Office Address

1206 South Pine Island Road

Plantation

33324

, Florida

(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.



Mimi Sanik

(Registered agent's signature)

FILED  
2022 MAY -6 PM 12:26  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

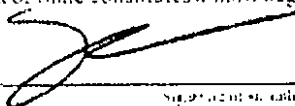
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <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: Yshia David Willner            | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member             | Address: 365 Route 59, Suite 110     | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | Armont, NY 10952                     | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | _____                                | 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 _____ |
| <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 605.0293 (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 authorized person

Yshia David Willner

Typed or printed name of signer

## 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:                     | TEG DEVELOPERS LLC                 |
| DOS ID Number:                   | 6458655                            |
| Entity Type:                     | DOMESTIC LIMITED LIABILITY COMPANY |
| Entity Status:                   | EXISTING                           |
| Date of Initial Filing with DOS: | 04/14/2022                         |
| Statement Status:                | CURRENT                            |
| Statement Due Date:              | 04/30/2024                         |

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

|                 |                          |
|-----------------|--------------------------|
| Document Type:  | ARTICLES OF ORGANIZATION |
| Date of Filing: | 04/14/2022               |
| Entity Name:    | TEG DEVELOPERS LLC       |

Above space is left blank intentionally.

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 April 27, 2022 at  
01:15 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State