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### COVER LETTER

TO: Registration Section Division of Corporation	ons			
SUBJECT: Chuck Ag	ency LLC			
	Name of Limi	ited Liability C	Company	
	reign Limited Liability Company ed to register the above reference			
Please return all correspondence	concerning this matter to the follo	owing:		
Anthor	ny J. Bragaglia			
	Name	of Person		
Chuck	Agency, LLC			
	Firm/C	Company	<del></del>	
The Wen	deroff Law Group-17	Squadron	Blvd., Suite	201
	Ac	idress		
New C	ity, NY 10956			
	City/State	and Zip Code	_	
anthony	y@wenderofflav	w.com		
	E-mail address: (to be used for	future annual	report notification)	
For further information concerning	ng this matter, please call:			
Anthony J.	Bragaglia at	,914	,262-179	5
Name	of Contact Person	Area Code		phone Number
MAILING ADDRESS Division of Corporation Registration Section			STREET ADDRES  Division of Corpora  Registration Section	itions
P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Cer Tallahassee, FL 323	
Enclosed is a check for Please make check paya	the following amount: ble to: FLORIDA DEPARTME	NT OF STAT	re /	,
S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		Filing Fee & 🗹	\$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. Chuck Agei		: "Limited Liability Company," "L.L.C.," or "LLC.")			
Off name unavailable, enter alternate name adopted for the purpose of transacting business in 1  2.  Oursdiction under the law of which foreign limited liability company is organized)		n Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LL.C.")  3. (FEI number, if applicable)			
<sub>4.</sub> 05/02/202		(112 ашпыл, 11 аррислок)			
₅ Chuck Ag	(Date first transacted business in Flonda. (See sections 605,0904 & 605,0905, F.S.				
67 West Stree	•	67 West Street, Suite 301	71		
Brooklyn,	NY 11222	Brooklyn, NY 112222			
7. Name and street addre	ss of Florida registered agent: (P.	EDVER PORT OF THE PROPERTY OF			
Name:	Registered Ag	ents Inc.			
Office Address:	7901 4th St N	STE 300			
	St. Petersburg	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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: JASON HELEVA Manager ☐ Manager Name: \_\_\_\_\_ Address: 505 GREENWICH ST Member Member Address: **APT. 10A** Authorized Authorized BROOKLYN, NY 10013 Person Person Other\_\_\_\_ Other Other\_ \_\_\_\_ Other ■ Manager Name: Name: \_\_\_\_\_ Manager ☐ Member Address: Member Address: \_\_\_\_\_ Authorized Authorized Person Person Other\_\_\_ Other\_\_\_\_\_ Other\_\_\_\_ Other Manager Name: \_\_\_\_\_ ☐ Manager Member Address: ☐ Member Address: \_\_\_ 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. Signature of an authorized person

JASON HELEVA

#### 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:

-- CHUCK AGENCY LLC

DOS ID Number:

4160139

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

**Entity Status:** 

EXISTING

Date of Initial Filing with DOS:

11/01/2011

**Statement Status:** 

PAST DUE DATE

Statement Due Date:

11/30/2019

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 March 17, 2022 at 02:17 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Heyles

By Brendan C. Hughes

Executive Deputy Secretary of State

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