

Florida Department of State

Division of Corporations
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M22000198675

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CORPORATIONS
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Foreign Limited Liability Company
koutsoudakis & iakovou law group pllc

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JUN - 8 2022

K. Brumbley

Jun. 8. 2022 10:46AM

GEALD WEINBERG

(H2200001986753)

No. 2534 P. 2

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. KOUTSOUDAKIS & IAKOVOU LAW GROUP PLLC 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.")

NEW YORK

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

12/05/2018

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

5. (Street Address of Principal Office)

6. (Mailing Address)

40 WALL STREET, 49TH FLOOR

40 WALL STREET, 49TH FLOOR

NEW YORK, NY 10005

NEW YORK, NY 10005

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

Name: ZACHARY KUMMINGS

Office Address: 13804 SW 92ND CT

MIAMI, Florida 33176
(City) (Zip code)

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AND
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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)

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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: <u>MICHAEL IAKOVOU</u>	<input type="checkbox"/> Manager	Name: <u>ANDREAS KOUTSOUDAKIS</u>
<input checked="" type="checkbox"/> Member	Address: <u>40 WALL STREET, 49TH FL</u>	<input checked="" type="checkbox"/> Member	Address: <u>40 WALL STREET, 49TH FL</u>
<input type="checkbox"/> Authorized	<u>NEW YORK, NY 10005</u>	<input type="checkbox"/> Authorized	<u>NEW YORK, NY 10005</u>
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 605.0203 (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

MICHAEL IAKOVOU

Typed or printed name of signer

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STATE OF NEW YORK

DEPARTMENT OF STATE

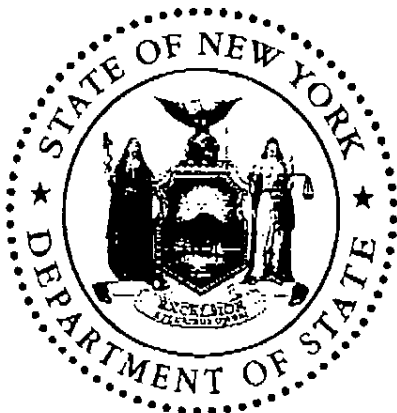
Certificate of Status

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: KOUTSOUDAKIS & IAKOVOU LAW GROUP PLLC
DOS ID Number: 5453481
Entity Type: DOMESTIC PROFESSIONAL SERVICE LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 12/05/2018

Statement Status: CURRENT
Statement Due Date: 12/31/2022

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 June 07, 2022 at 02:43 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State