

M220000010341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

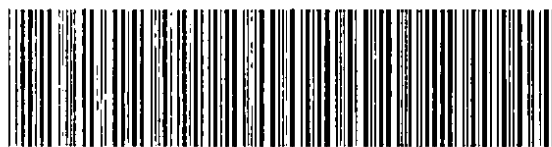
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**WALK IN**

**PICK UP:** 7/5 DANNY

**CERTIFIED COPY**

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**FOREIGN LLC**

**BOMARK ASSOCIATES, LLC**

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BOMARK ASSOCIATES, 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:

LES H. STEVENS, ESQUIRE

\_\_\_\_\_  
Name of Person

LES H. STEVENS, P.A.

\_\_\_\_\_  
Firm/Company

5301 NORTH FEDERAL HIGHWAY, SUITE 130

\_\_\_\_\_  
Address

BOCA RATON, FLORIDA 33487

\_\_\_\_\_  
City/State and Zip Code

johnmoudine@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LES H. STEVENS, ESQUIRE

561

989-9797

\_\_\_\_\_  
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. ROMARK ASSOCIATES, LLC

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

(If none, 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. 13-3870528

(FEI number, if applicable)

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

5380 NORTH OCEAN DRIVE #22F

5. (Street Address of Principal Office)

64 NORTH MOORE STREET, #5E

6. (Mailing Address)

RIVIERA BEACH, FL 33404

NEW YORK, NEW YORK 10013

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

Name:

JOHN MARK OUDINE

Office Address:

5380 N OCEAN DRIVE, #22F

RIVIERA BEACH

(City)

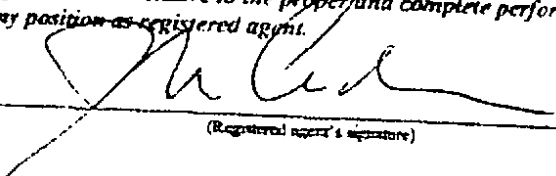
Florida

33404

(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.

x   
(Registered agent's signature)

2022 JUL -5 AM 11:16

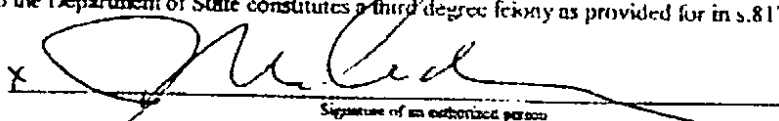
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <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>ROBERT GURLAND</u>           | <input type="checkbox"/> Manager           | Name: <u>JOHN MARK OUDINE</u>        |
| <input checked="" type="checkbox"/> Member | Address: <u>64 NORTH MOORE ST #5E</u> | <input checked="" type="checkbox"/> Member | Address: <u>8125 RIVER ROAD, #6B</u> |
| <input type="checkbox"/> Authorized        | <u>NEW YORK, NEW YORK 10013</u>       | <input type="checkbox"/> Authorized        | <u>N. BERGEN, NEW JERSEY 07047</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 (4) (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   
 \_\_\_\_\_  
 Signature of an authorized person

JOHN MARK OUDINE  
 \_\_\_\_\_  
 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: BOMARK ASSOCIATES, LLC  
DOS ID Number: 1984018  
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 12/21/1995  
  
Statement Status: CURRENT  
Statement Due Date: 12/31/2023

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 July 05, 2022 at 11:20 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>