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(((H22000246809 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113

Fax Number : (215)977-9386

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

Email Address: ccecala@norris-law.com

Foreign Limited Liability Company Certainty of Uncertainty, LLC

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

07/20/2022 5:34 PM

Ta:

Fax: (850) 617-6383

(((H22000246809 3)))

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

namo onavailable, mater alternato na	me adopted for the purpose of transacting business in Flor	ida. The situreste name must include "Limited Liability Company	," <i>"</i> "LLC," or '
New York	ich foreign limited hability company is organized)	3. (FEI number, if applicable)	
January 2022			20
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	egistration.) e penalty liability)	12.
1174 Veteran's Memorial Highway		6. (Mailing Address)	2022 July
net Address of Principal Office)		(Mailing Address)	10
Hauppauge, NY 11788		Hauppauge, NY 11788	
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Richard Kersting		
	999 Vanderbilt Beach Road, Suite 334		
Office Address:			

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.

(((H22000246809 3)))

To:

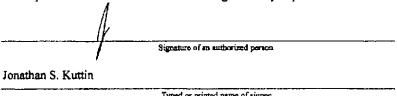
(((H22000246809 3)))

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;	Nan	ne and Address:	
■ Manager	Name:	≣ Manager	Name;		
≅ Member	Address: 1174 Veteran's Memorial Hwy	⊠ Member	Address: 1174 Veteran's Memorial Hwy		
□Authorized	Hauppauge, NY 11788	□Authorized	Hauppague, NY 11788		
Person		Person			
Other	Other	□Other	□ Other		
□Manager	Name:	□Manager	Name:	2021/	
□Member	Address:	□Member	Address:		
□Authorized		□Authorized			
Person		Person		7 5	
□Other	□Other	□Other	□0	ther ω	
□Manager	Name:	□Manager	Name:		
□Member	Address:	□Member	Address:		
□Authorized		□Authorized			
Person	<u></u>	Person		· ··· ··· ··· · · · · · · · · · · · ·	
Other	□Other	Other		ther	

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 filling 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.



Fax: 12159779386

(((H22000246809 3))) 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:

CERTAINTY OF UNCERTAINTY, LLC

DOS ID Number:

6353607

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

12/20/2021

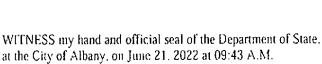
Statement Status:

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.





at the City of Albany, on June 21, 2022 at 09:43 A.M.

Brandon C. Hughan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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