# M2200012033

(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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AUG - 3 2022 M. SOLOMON

# COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	Co Pack Foods LLC			
2, 4, 1, 1,		lame of Limited Liability Company		
		lity Company for Authorization to Transact Business in Florida, ove referenced foreign limited liability company to transact busin		
Please	return all correspondence concerning this matt	er to the following:		
	Yonatan Pinhasov			
		Name of Person		
	Co Pack Foods LLC			
		Firm/Company	1	
	1111 Brickell Ave FL 10		** et   F	, 6490
		Address		<u>'≓</u> '∴'
	Miami, Florida 33131			
		City/State and Zip Code		<u>त</u> ्र
	yoni@varietyfun.com			- -
	E-mail address: (t	o be used for future annual report notification)		
For fu	rther information concerning this matter, please	call:		
	Yonatan Pinhasov	718 795-7950		
	Name of Contact Person	Area Code Daytime Telephone Number		
	Mailing Address: Registration Section	Street Address: Registration Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amount Please make check payable to: FLORIDA 1  ☐ \$125.00 Filing Fee \$130.00 Filing Certification	DEPARTMENT OF STATE		

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 608.0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Co Pack Foods LLC (Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company," "L. L. C.," or "L.l.C.")	
			<del> </del>
finame unavailable, enter ulternate r	name adopted for the purpose of transacting business in F	locida. The alternate name must include "Limited I	.iability Company," "L.L.C." or "LLC")
New York		3.	
(Jurisdiction under the law of w	high foreign limited liability company is organized)	3. (FEI num	ber, (l'applicable)
10/31/2019			
	(Date first transacted business in Florida, if pitor to (See sections 605,0904 & 605,0905, F.S. to determ	registration ) ine penalty liability)	
1111 Brickell Ave FL		1111 Brickell Ave FL 10	
Street Address of Principal Office)	<del></del>	6. (Mailing Address)	
Miami, Florida		Miami, Florida	
33131		33131	* (
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Yonatan Pinhasov		
Office Address:	1111 Brickell Ave FL 10		
	Miami	33131 Florida	
	(City)	. r tortda (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.

(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	<u>:</u>	Name and Address:	
□Manager	Name:Yonatan Pinhasov	□Manager	Name:		
≣Member	Address:	□Member	Address:		
□Authorized	Miami, Florida 33131	□Authorized			
Person		Person			,
□Other	□Other	□Other		□Other	
□Manager	Name:	∐Manager	Name:		
■Member	Address: 1111 Brickell Ave FL 10	□Member	Address:		
□Authorized	Miami, Florida 33131	□Authorized		3838	
Person		Person		:	
□Other	Other	□Other	<del></del>	□Other	
□Manager	Name:	□Manager	Name:	· · · · · · · · · · · · · · · · · · ·	
□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. 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.

	Mr.
	Signature of an authorized person
Yonatan Pinhasov	
	Typed or printed name of signee

#### 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:

CO PACK FOODS LLC

DOS ID Number:

5648116

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

**EXISTING** 

Date of Initial Filing with DOS:

10/31/2019

Statement Status:

**CURRENT** 

Statement Due Date:

10/31/2021

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 May 31, 2022 at 09:00 A.M.

Brandon C. Heglas

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Sccretary of State

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