

M22000013742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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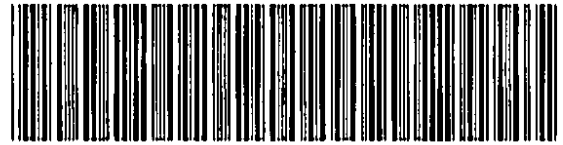
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
HONOLULU

SEP - 3 2022
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COVER LETTER

TO: Registration Section
Division of Corporations

Fisch Family LLC

SUBJECT: _____
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:

Todd Fisch

Name of Person

Fisch Family LLC

Firm/Company

1931 Cordova Rd , Unit 3105

Address

Fort Lauderdale, Florida, 33316

City/State and Zip Code

tefish@mac.com

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

For further information concerning this matter, please call:

Todd Fisch

305

240-6000

at ()

Name of Contact Person

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

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CLERK OF THE
SOLICITOR GENERAL
TALLAHASSEE, FLORIDA

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:

Fisch Family LLC

1. _____
(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.")

Wyoming

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

September 1, 2022

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

1931 Cordova Rd , Unit 3105

1931 Cordova Rd , Unit 3105

5. _____
(Street Address of Principal Office)

Fort Lauderdale, Florida, 33316

6. _____
(Mailing Address)

Fort Lauderdale, Florida, 33316

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

Kirsten Fisch

Name: _____

1931 Cordova Rd , Unit 3105

Office Address: _____

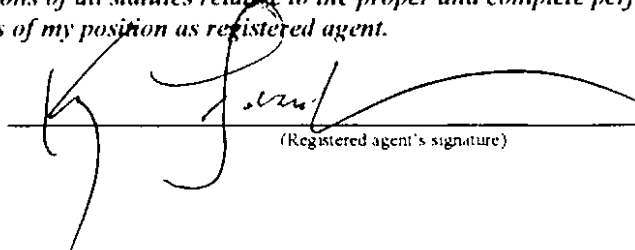
Fort Lauderdale

33316

_____, Florida _____
(City) (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)

FILED
2022 AUG 29 PM 2:18
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
FORT LAUDERDALE, FLORIDA

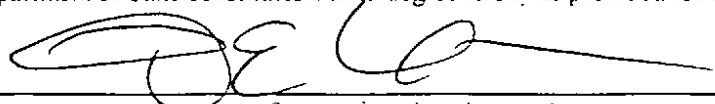
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: _____	Kirsten Fisch	_____	<input type="checkbox"/> Manager	Name: _____	Todd Fisch	_____
<input checked="" type="checkbox"/> Member	Address: <u>1931 Cordova Rd</u>			<input checked="" type="checkbox"/> Member	Address: <u>1931 Cordova Rd</u>		
<input type="checkbox"/> Authorized	<u># 3105</u>			<input type="checkbox"/> Authorized	<u># 3105</u>		
Person	<u>Ft. Lauderdale 33314</u>			Person	<u>Ft. Lauderdale 33314</u>		
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		
<input checked="" type="checkbox"/> Manager	Name: _____	Kirsten Fisch	_____	<input checked="" type="checkbox"/> Manager	Name: _____	Todd Fisch	_____
<input type="checkbox"/> Member	Address: <u>1931 Cordova Rd</u>			<input type="checkbox"/> Member	Address: <u>1931 Cordova Rd</u>		
<input type="checkbox"/> Authorized	<u># 3105</u>			<input type="checkbox"/> Authorized	<u># 3105</u>		
Person	<u>Ft. Lauderdale 33314</u>			Person	<u>Ft. Lauderdale 33314</u>		
<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
TODD FISCH

Typed or printed name of signee

2022 AUG 29 PM 2:18
CLERK OF COURT
STATE OF FLORIDA
JUDICIAL ADMINISTRATION

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

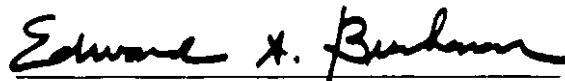
Fisch Family LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 7, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000915525**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 24th day of August, 2022 at 10:41 AM. This certificate is assigned ID Number 054651419.




Secretary of State