

112200004265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

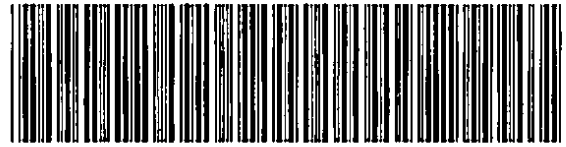
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 SEP - 6 AM 11:59

FILED

FLORIDA

T. LEMIEUX

SEP 14 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CARPE SPIRITUS 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:

VIJAY PAREKH

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

CARPE SPIRITUS LLC

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

1113 YORK AVE, APT 28B

\_\_\_\_\_  
Address

NEW YORK, NY 10065

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

CARPESPIRITUSLLC@GMAIL.COM

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

For further information concerning this matter, please call:

VIJAY PAREKH

352

2191455

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

**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. CARPE SPIRITUS 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.")

2. NEW YORK 3. 88-1598413  
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

5. AMI PATEL 6. AMI PATEL  
(Street Address of Principal Office) (Mailing Address)

1113 YORK AVE, APT 28B

1113 YORK AVE, APT 28B

NEW YORK, NY 10065

NEW YORK, NY 10065

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

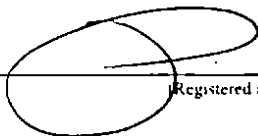
Name: OVERSEAS TRADE & TECHNOLOGY

Office Address: 8105 SW 16TH PLACE

GAINESVILLE , Florida 32607  
(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)

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CLERK OF CIRCUIT COURT  
JANICE S. GRIFFIN

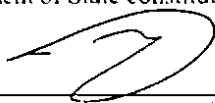
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: AMI PATEL	<input type="checkbox"/> Manager	Name: VIJAY PAREKH
<input checked="" type="checkbox"/> Member	Address: 1113 YORK AVE	<input checked="" type="checkbox"/> Member	Address: 1113 YORK AVE
<input type="checkbox"/> Authorized	APT 28B	<input type="checkbox"/> Authorized	APT 28B
Person	NEW YORK, NY 10065	Person	NEW YORK, NY 10065
<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

VIJAY PAREKH

Typed or printed name of signer

New York State Department of State  
Division of Corporations, State Records and Uniform Commercial Code  
**COPY REQUEST/CERTIFICATE OF STATUS RECEIPT**

CARPE SPIRITUS LLC  
C/O VIJAY PAREKH  
1113 YORK AVE, APT 28B  
NEW YORK NY 10065

**DATE:** 08/22/2022 **TRANSACTION NUMBER:** 202208220000856

**ENTITY INFORMATION:**

**ENTITY NAME:** CARPE SPIRITUS LLC  
**DOS ID:** 6448329  
**DATE OF INITIAL DOS FILING:** 04/02/2022

<b><u>REQUESTED SERVICES:</u></b>	<b><u>NUMBER REQUESTED:</u></b>	<b><u>FEE:</u></b>
UNCERTIFIED COPY(\$5.00)		\$0.00
CERTIFIED COPY(\$10.00)		\$0.00
CERTIFICATE OF STATUS - SHORT FORM(\$25.00)	1	\$25.00
CERTIFICATE OF STATUS - LONG FORM(\$25.00)		\$0.00
EXPEDITED HANDLING		\$25.00

**TOTAL PAYMENTS RECEIVED:** \$50.00  
**CASH:** \$0.00  
**CHECK/MONEY ORDER:** \$0.00  
**CREDIT CARD:** \$50.00  
**DRAWDOWN ACCOUNT:** \$0.00  
**REFUND DUE:** \$0.00

<b><u>REQUESTED COPY</u></b>	<b><u>FILE DATE</u></b>	<b><u>FILE NUMBER</u></b>
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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: CARPE SPIRITUS LLC  
DOS ID Number: 6448329  
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 04/02/2022  
  
Statement Status: CURRENT  
Statement Due Date: 04/30/2024

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 August 22, 2022 at 10:49 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

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>