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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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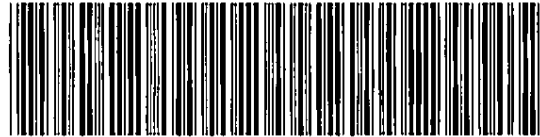
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 SEP 19 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. FRANKLIN

SEP 20 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 957628 4612432

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : September 15, 2022

ORDER TIME : 1:41 PM

ORDER NO. : 957628-005

CUSTOMER NO: 4612432

2022.09.19 PM 3:42

FOREIGN FILINGS

NAME: AMERICAN CHRISTMAS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: American Christmas, 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:

Shamila R. Ahmed, Esquire

Name of Person

Archer & Greiner, PC

Firm/Company

21 Main Street, Suite 353

Address

Hackensack NJ 07601

City/State and Zip Code

GCampbell@archerlaw.com

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

For further information concerning this matter, please call:

Gale Campbell

856

616-6142

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

2025 : 19 PM 3:12

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. American Christmas, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 38-4030538
(FEI number, if applicable)

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

5. 30 Warren Place
(Street Address of Principal Office)

6. 30 Warren Place
(Mailing Address)

Mount Vernon NY 10550

Mount Vernon NY 10550

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By: Eyleima Bahar
Assistant Vice President

(Registered agent's signature)

0225-19 PM 3:12

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>
<input checked="" type="checkbox"/> Manager	Name: Klaus Mark
<input type="checkbox"/> Member	Address: 30 Warren Place
<input type="checkbox"/> Authorized	Mount Vernon NY 10550
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

☐ Manager Name: Dan Casterella

☐ Member Address: 30 Warren Place

☐ Authorized Mount Vernon NY 10550

Person _____

☒ Other CEO ☐ Other _____

☐ Manager Name: Robert Soloff

☐ Member Address: 30 Warren Place

☐ Authorized Mount Vernon NY 10550

Person _____

☒ Other President ☐ Other _____

Title or Capacity:

☐ Manager

☐ Member

☐ Authorized Person

☒ Other _____

Name and Address:

Name: Paul Genova

Address: 30 Warren Place
Mount Vernon NY 10550

☐ Other _____

☐ Manager Name: Brian Cohens

☐ Member Address: 30 Warren Place

☐ Authorized Mount Vernon NY 10550

Person _____

☒ Other EVP of Sales ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

Paul Genova
Signature of an authorized person

Paul Genova

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: AMERICAN CHRISTMAS, LLC
DOS ID Number: 5093037
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 02/28/2017

Statement Status: CURRENT
Statement Due Date: 02/28/2023

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 September 16, 2022 at 06:17 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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