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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

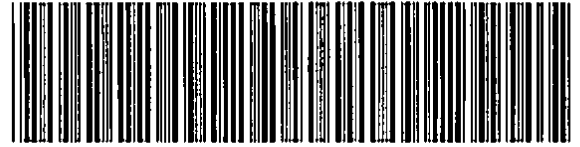
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S. FRANKLIN

SFP 25 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WAGYU LABS 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:

ATTN: WAGYU LABS LLC

Name of Person

FALCON RAPPAPORT & BERKMAN PLLC

Firm/Company

265 SUNRISE HIGHWAY SUITE 50

Address

ROCKVILLE CENTER, NY 11570

City/State and Zip Code

maurice@starcatchers.io

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

19 FEB 11

For further information concerning this matter, please call:

Maurice Morales

631

3982152

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. WAGYU LABS 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. 87-4257748
(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. 265 SUNRISE HIGHWAY, SUITE 50
(Street Address of Principal Office)

6. 265 SUNRISE HIGHWAY, SUITE 50
(Mailing Address)

ROCKVILLE CENTRE, NY 11570

ROCKVILLE CENTRE, NY 11570

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

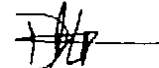
Name: DESI KAMEKA

Office Address: 5910 SW 55TH STREET

DAVIE, Florida 33314
(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)

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:**

☒ Manager Name: Mauricio Morales

☐ Member Address: 217 W Broadway Unit 202

☒ Authorized Port Jefferson, NY 11777

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Rory Balducci

☐ Member Address: 889 Bushwick Ave, Apt 102

☒ Authorized Brooklyn NY 11221

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Gabriel Ho

☐ Member Address: 10546 Midvale Ave N Unit C

☒ Authorized Seattle, WA 98133

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Desi Kameka

☐ Member Address: 5910 SW 55th Street

☒ Authorized Davie, FL 33314

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ 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.

Mauricio Morales

Signature of an authorized person

Mauricio Morales

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 record 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: WAGYU LABS LLC
DOS ID Number: 6366558
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 01/04/2022
Statement Status: CURRENT
Statement Due Date: 01/31/2024

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION
Date of Filing: 01/04/2022
Entity Name: WAGYU LABS LLC

Document Type: CERTIFICATE OF CHANGE BY ENTITY
Date of Filing: 04/14/2022

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Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

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WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 24, 2022 at 11:50 A.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State