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Department of State
Division of Corporations
Date: 12/13/2022

American Expediting (Stealth Courier) 1531 Commonwealth Business Dr. Ste 105 Tallahassee, Fl. 32303 850-294-5632

### **Stealth Courier Box**

Company: Alliance

Requester:Susan Asadi

Order: 14362057

### **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations					
SHRI	BRIGHT STAR MESSENGER CENTI	ER, LLC				
.,000	Name of Limited Liability Company					
		ity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.				
Please	return all correspondence concerning this matt	er to the following:				
	Susan Asadi					
	Name of Person					
	BRIGHT STAR MESSENGER CE	ENTER, LLC				
		Firm/Company				
	318 West 39th Street Flr 7					
		Address				
	New York, NY 10018					
		City/State and Zip Code				
	sasadi@alliance.us					
	E-mail address: (to	o be used for future annual report notification)				
For fu	rther information concerning this matter, please	ealt:				
Susan Asadi		212 244-0735 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 amoun Please make check payable to: FLORIDA D  \$\equiv \\$125.00 \text{ Filing Fee}  \\$130.00 \text{ Filing Certifica}	DEPARTMENT OF STATE				

## 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	e name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Lis	sbility Company," "L.L.C," or "L
w York		30-0019080	
risdiction under the law of	which foreign limited liability company is organized)	(FEI number	er, if applicable)
/26/2022			
<del>-</del>	(Date first transacted business in Florida, if prior to n (See sections 605 0904 & 605,0905, F.S. to determin	egistration.)	
0 S Australian Ave		318 West 39th Street Flr 7	
ddress of Principal Office)		6. (Mailing Address)	
of Balan Daniel Br	22.2	(Maning Andress)	
st Palm Beach, FL	, 33401-6237	New York, NY 10018	
ne and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2022 DI
ne and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box  Registered Agents Inc	NQT acceptable)	2022 DEC 13
		N <u>OT</u> acceptable)	2022 DEC 13 AM IO
Name:	Registered Agents Inc 7901 4th St N, STE 300 St. Petersburg	33702	2022 DEC 13 AM IO: 07
Name: Office Address:	Registered Agents Inc 7901 4th St N, STE 300 St. Petersburg (City)		2022 DEC 13 AM 10: 07
Name:  Office Address:	Registered Agents Inc  7901 4th St N, STE 300  St. Petersburg  (City)	33702 , Florida(Zip code)	10: 07
Name:  Office Address:  ered agent's accepteen named as rei	Registered Agents Inc 7901 4th St N, STE 300 St. Petersburg (City)	33702 , Florida(Zip code)	10: 07

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: Name and Address: Name: Ed Winiarz Name: Susan Asadi □Manager **≣**Manager Address: \_\_\_\_ 318 West 39th Street Flr 7 Address: \_\_\_\_ 318 West 39th Street Flr 7 □Member □Member New York, NY 10018 New York, NY 10018 Authorized □ Authorized **CFO** Director of Accounting Person Person □Other\_\_\_\_ Other □Other\_\_\_\_ Other Name: \_\_\_\_\_\_ William Tsang □Manager □Manager Name: Address: 318 West 39th Street Flr 7 □ Member □Member Address: \_\_\_\_\_ New York, NY 10018 ■ Authorized ☐ Authorized VP of Accounting Person Person ☐ Other Other\_\_\_\_ □Other \_\_\_\_ □Other\_\_\_\_ ☐ Manager □Manager □Member Address: ☐ Member Address: ☐ Authorized ☐ Authorized Person Person ☐Other\_ □Other □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

69	,h-	)
		Signature of an authorized person
Ed Winiarz		
	<del></del>	Typed or printed name of signer

### 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:** 

BRIGHT STAR MESSENGER CENTER, LLC

DOS ID Number:

2715600

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

01/07/2002

**Statement Status:** 

CURRENT

Statement Due Date:

01/31/2024

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 December 08, 2022 at 01:44 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hylan

By Brendan C. Hughes

Executive Deputy Secretary of State

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