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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : Vcorp SERVICES, LLC
Account Number : 120180000067
Phone : (949)426-0077
Fax Number : (949)618-1588

2023-01-04 17:11:19

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company
TSOUMPAS ARCHANGEL FLORIDA GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

S. FRANKLIN
JAN - 5 2023

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TSOUMPAS ARCHANGEL FLORIDA GROUP, LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "L.L.C.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C."

Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (EIN number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

565 Plandome Road, #306

565 Plandome Road, #306

5. (Street Address of Principal Office)

6. (Mailing Address)

Manhasset, New York 11030

Manhasset, New York 11030

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

Name: Vcorp Services, LLC

Office Address: 1200 South Pine Island Road

Plantation

33324

(City)

, Florida (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.

(Signature)

(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>John Tsoumpas</u>	☒ Manager	Name: <u>Michael Tsoumpas</u>
☐ Member	Address: <u>535 Manhasset Woods Road</u>	☐ Member	Address: <u>565 Plandome Road, #306</u>
☐ Authorized	<u>Manhasset, New York 11030</u>	☐ Authorized	<u>Manhasset, New York 11030</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☒ Manager	Name: <u>Simone Politidis</u>	 ☒ Manager	Name: <u>George Politidis</u>
☐ Member	Address: <u>58 Eakins Road</u>	☐ Member	Address: <u>146 Bay Driveway</u>
☐ Authorized	<u>Manhasset, New York 11030</u>	☐ Authorized	<u>Manhasset, New York 11030</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	Name: <u>Archangel Michael Realty, Inc.</u>	 ☐ Manager	Name: _____
☒ Member	Address: <u>565 Plandome Road, #306</u>	☐ Member	Address: _____
☐ Authorized	<u>Manhasset, New York 11030</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ 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.

Taylor Lolya

Signature of an authorized person

Taylor Lolya

Typed or printed name of signer

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TSOUMPAS ARCHANGEL FLORIDA GROUP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TSOUMPAS ARCHANGEL FLORIDA GROUP, LLC" WAS FORMED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2023 JAN -4 17:11:19

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

7123938 8300

SR# 20230016652

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202410717

Date: 01-03-23