# M23000000867

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PICK-UP WAIT MA	IL	
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-cral Instructions to Filing Officer:		

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2023 JAN 23 AN 10: 04

ANTROVED

JAN 24 2023 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 384619 8105987

AUTHORIZATION :

COST LIMIT : \$ 800.00

ORDER DATE: January 18, 2023

ORDER TIME : 10:05 AM

ORDER NO. : 384619-005

CUSTOMER NO: 8105987

### FOREIGN FILINGS

NAME: BIG V PROPERTIES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

# **COVER LETTER**

TO:

TO;	Registration Section Division of Corporations	
SUBJ:	Big V Properties LLC	
50 <b>D</b> 3.		nme of Limited Liability Company
		ty Company for Authorization to Transact Business in Florida," Certificate of we referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matte	er to the following:
	Sean Glander	
		Name of Person
	Big V Property Group	
		Firm/Company
	176 N Main St Ste 210	
		Address
	Florida, NY 10921	
		City/State and Zip Code
	sglander@bigv.com	
	E-mail address: (to	be used for future annual report notification)
For fu	rther information concerning this matter, please	call:
Sean Glander		845 651-3292
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address: Registration Section	Street Address: Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DI  ☐ \$125.00 Filing Fee ☐ \$130.00 Filing I  Certificate	EPARTMENT OF STATE

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

<b>(</b> ,	Limited Liability Company; must include "Limited	o manny company,	, , , , , , , , , , , , , , , , , , ,			
name unavailable, enter alternate i	iame adopted for the purpose of transacting business in Fl	lorida. The alternate name i	must include "Limited Liabili	ty Company," "L.	L C," or '	"LLC.")
New York	hich foreign limited liability company is organized)	3	(FEI number, ii	(applicable)		_
11/15/2021	, , , ,					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration ) ine penalty liability)		<del></del>		
176 N Main St Ste 2		6.				
reet Address of Principal Office)		(Mailing	(Address)		_	-
Florida, NY 10921						
				£.**	2023	_
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)		:+. (# <sup>7</sup> .	JAN 23	- 
Name:	Corporation Service Company				MH 10:	₿;
Office Address:	1201 Hays Street			1.7	٠0٢	
	Tallahassee	. Flo	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: Cleggist Usibal assistant Verpresident
(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: Title or Capacity: Name and Address: Name: Sean Glander □Manager □Manager Name: \_\_\_\_\_ 176 N Main St Ste 210 □ Member Address: \_\_\_\_\_ ☐ Member Florida, NY 10921 Authorized □ Authorized Person Person □Other\_\_\_\_\_ Other\_\_\_\_ □Other\_\_\_ □Other □Manager □Manager Name: \_\_\_\_\_\_\_ Name: \_\_\_\_\_ □Member Address: □Member Address: ☐ Authorized □ Authorized Person Person □Other □Other\_\_\_\_ □Other\_\_\_ □Other\_\_\_ □ Manager Name: □ Manager Name: \_\_\_\_\_ □Member Address: \_\_\_\_\_ Address: □Member ☐ 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. Signature of an authorized person Sean P Glander

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:** 

**BIG V PROPERTIES LLC** 

**DOS ID Number:** 

5831134

**Entity Type:** 

FOREIGN LIMITED LIABILITY COMPANY

**Entity Status:** 

**AUTHORIZED** 

Date of Initial Filing with DOS:

09/09/2020

**Statement Status:** 

CURRENT

Statement Due Date:

09/30/2022

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 January 18, 2023 at 01:50 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hugher

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100002820850 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>