# 123000004130

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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QDV/ECHC

S. ROBERTS APR - 3 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 610274 8100990

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: March 24, 2023

ORDER TIME : 1:06 PM

ORDER NO. : 610274-001

CUSTOMER NO: 8100990

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### FOREIGN FILINGS

NAME: A210Z CAPITAL LLC

 $\underline{XXXX}$  QUALIFICATION (TYPE:  $\underline{L}\underline{L}$ )

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

# **COVER LETTER**

TO:

Registration Section

	Name of Limited Liability Company			
		Company for Authorization to Transact Business in Florida," Certificate ferenced foreign limited liability company to transact business in Fl		
e return all cor	respondence concerning this matter to	o the following:		
A	angela Prince			
		Name of Person		
F	A210Z Capital LLC			
_		Firm/Company		
2	71 HICKS ST			
_		Address		
Ε	BROOKLYN, NY, 11201			
_	C	ity/State and Zip Code		
an	gela.g.prince@gmail.com			
	E-mail address: (to be	used for future annual report notification)		
irther informa	tion concerning this matter, please cal	11:		
Angela Prince		734 5464849		
	Name of Contact Person	at () 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		
		Tallahassee, FL 32303		

# 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:

A210Z CAPITAL LLC	:				
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Compan	y," "L.L.C.," or "LLC.")		
If name mayarlable, enter alternate:	name adopted for the purpose of transacting business in Fl	orida. The alternate na	nse must include "Limited Liability Co	mpany." "L.L.C." or "Ll.C	
New York		81-2933756			
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized;	3. (FEI number, (f applicable)			
4.					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liability)			
271 Hicks St 5		271 Hi	cks St		
Street Address of Principal Office)		О	iling Address)	<del></del>	
	<del>.</del>		NN 44004		
Brooklyn, NY 11201		Brook	yn, NY 11201	2	
		VOT.		2112311	
/. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptab	le)	• •	
	Corneration Service Company			(4) 	
Name:	Corporation Service Company				
	1201 Hays Street			7.10:2	
Office Address:				29	
	Tallahassee		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 um familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: Wilard - Janson, AVP

(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: Angela Prince □Manager □Manager Name: 271 Hicks St Address: ■Member ■ Member Address: Brooklyn, NY 11201 □ Authorized □ Authorized Person Person □Other\_\_ Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ Zachary Prince □ Manager Name: \_\_\_\_\_ □Manager 271 Hicks St Address: **■**Member □Member Brooklyn, NY 11201 □ Authorized ☐ Authorized Person Person □Other\_\_\_\_\_ Other □Other □Other □Manager Name: \_\_\_\_\_ □Manager Name: \_\_\_\_\_ Address: \_\_\_\_\_\_ □Member ☐ 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. Angela Prince Signature of an authorized person

Typed or printed name of signee

Angela Prince

#### 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:** 

A210Z CAPITAL LLC

DOS ID Number:

4962446

**Entity Type:** 

DOMESTIC LIMITED LIABILITY COMPANY

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

06/14/2016

**Statement Status:** 

CURRENT

Statement Due Date:

06/30/2024

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 March 24, 2023 at 04:52 P.M.

Brandon C. Higher

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100003198581 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>