M23000004177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

200404125512

FILED
2023 MAR 13 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FL

4S
4/3/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCHRE SWIM, LLC

GENCI BILALI

BILALI&ASSOCIATES, LLC

200 EAST 69TH STREET, SUITE 4K

NEW YORK, NEW YORK 10021

GBILALI@BILALILAW.COM

GENCI BILALI 917 385-2858

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

FLORIDA DEPARTMENT OF STATE

FILED
2023 MAR 13 PM 3:13
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

OCTHE SWIM, LLC

NEW YORK

MARCH 15, 2023

3444 MAIN HIGHWAY

SUITE 5

MIAMI, FL 33133

3444 MAIN HIGHWAY

SUITE 5

MIAMI, FL 33133

FILED
2023 MAR 13 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HANA LLOYD

3444 MAIN HIGHWAY SUITE 5

MIAMI 33133

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.

Hana Lloyd

Title or Capacity:	Name and Address:
■	HANA LLOYD 3444 MAIN HIGHWAY SUITE 5 MIAMI, FL 33133
■	SIMONE GASTALDI 3444 MAIN HIGHWAY SUITE 5 MIAMI, FL 33133

Title or Capacity:	Name and Address:

FILED
2023 MAR 13 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GENCI BILALI

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:	OCHIE SWIM, LLC
DOS ID Number:	5216523
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	10/12/2017
Statement Status:	CURRENT
Statement Due Date:	10/31/2023

FILED
2023 MAR 13 PM 3:13
SECRETARY OF STATE
ALBANY, NEW YORK

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 02, 2023 at 03:22 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100003065275 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov