

NA230000004177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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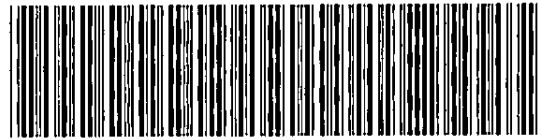
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

45
4/3/23 ✓

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCHIE SWIM, LLC

Not a Corporation or LLC

Enclosed is a copy of the Florida Department of State's Form CD-100, "Certificate of Incorporation/LLC Formation," for the purpose of filing the same with the Department of State.

Please advise the Department of State of any changes to the information.

GENCI BILALI

Not a Corporation

BILALI & ASSOCIATES, LLC

Not a Corporation

200 EAST 69TH STREET, SUITE 4K

Address

NEW YORK, NEW YORK 10021

U.S. MAIL PERMIT

GBILALI@BILALILAW.COM

For more information, please contact the Department of State.

Please advise the Department of State of any changes to the information.

GENCI BILALI

917 385-2858

Not a Corporation or LLC

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32304

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Please advise the Department of State of any changes to the information.

FLORIDA DEPARTMENT OF STATE

■ NOTICE: The Department of State is not responsible for the accuracy of the information provided by the filer. The Department of State is not responsible for the accuracy of the information provided by the filer.

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

THE STATE OF FLORIDA, COUNTY OF DADE, ss. I, the undersigned, Clerk of the Circuit Court in and for said County, do hereby certify that the foregoing is a true and correct copy of the original filed in my office on this 15th day of March, 2023.

OCTHE SWIM, LLC

NEW YORK

MARCH 15, 2023

3444 MAIN HIGHWAY

SUTHL 5

MIAMI, FL 33133

3444 MAIN HIGHWAY

SUTHL 5

MIAMI, FL 33133

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CLERK OF STATE
TALLAHASSEE, FL

NOTICE: This document is a true and correct copy of the original filed in my office on this 15th day of March, 2023.

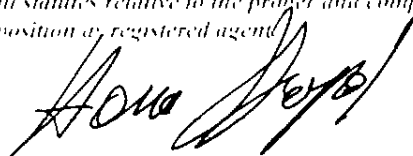
NAME: HANA LLOYD

ADDRESS: 3444 MAIN HIGHWAY SUTHL 5

CITY: MIAMI STATE: FL ZIP: 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.



Notwithstanding to whomsoever the above described real estate is conveyed, the same shall be subject to the following conditions:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
■ Attorney	NAME: HANA LLOYD	Attorney	NAME:
Attorney	Address: 3444 MAIN HIGHWAY	Attorney	Address:
Attorney	SUITE 5	Attorney	
Attorney	MIAMI, FL 33133	Attorney	
Office	Office:	Office	Office:
■ Attorney	NAME: SIMONE GASTALDI	Attorney	NAME:
Attorney	Address: 3444 MAIN HIGHWAY	Attorney	Address:
Attorney	SUITE 5	Attorney	
Attorney	MIAMI, FL 33133	Attorney	
Office	Office:	Office	Office:
Attorney	NAME:	Attorney	NAME:
Attorney	Address:	Attorney	Address:
Attorney		Attorney	
Attorney		Attorney	
Office	Office:	Office	Office:

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STATE OF FLORIDA

Approved: Notary Public, State of Florida, Commission Expires: 06/30/2025. The notary has no objection to the foregoing. Notary Public, State of Florida, Commission Expires: 06/30/2025. Notary Public, State of Florida, Commission Expires: 06/30/2025.

9. Any fee or certificate or other document that is required to be filed with the clerk of the court in connection with the foregoing shall be paid by the party who is required to file the same. The party who is required to file the same shall be responsible for the payment of the same.

10. This document is a true and correct copy of the original as the same appears on the face hereof. Witness my hand and the seal of the State of Florida, this 13th day of March, 2023.



GLEN C. 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

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SECRETARY OF STATE
CORPORATION SERVICES

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