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Office Use Only



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## **COVER LETTER**

TO:

Registration Section

| Name of Contact Person Area Code Daytime Telephone Number   | Name  | of Limited Liability Company                |
|---|---|---|
| Richard Hottinger    Name of Person   |   |   |
| Name of Person  Firm/Company  7 Buckout Road  Address  West Harrison, NY 10604  City/State and Zip Code  cimy@interactiveaccountants.com  E-mail address: (to be used for future annual report notification)  r information concerning this matter, please call:  cichard Hottinger  Name of Contact Person  Area Code  Street Address:  Registration Section  Division of Corporations   | urn all correspondence concerning this matter to  | the following:                              |
| Hottin & Daro Group LLC  Firm/Company  7 Buckout Road  Address  West Harrison, NY 10604  City/State and Zip Code  cimy@interactiveaccountants.com  E-mail address: (to be used for future annual report notification)  r information concerning this matter, please call:  cichard Hottinger  at (  | Richard Hottinger                                 |   |
| West Harrison, NY 10604  City/State and Zip Code  cimy@interactiveaccountants.com  E-mail address: (to be used for future annual report notification)  rinformation concerning this matter, please call:  Area Code  Name of Contact Person  Area Code  Daytime Telephone Number  Street Address:  Registration Section  Division of Corporations   |   | Name of Person                              |
| West Harrison, NY 10604  City/State and Zip Code  cimy@interactiveaccountants.com  E-mail address: (to be used for future annual report notification)  rinformation concerning this matter, please call:  Area Code  Name of Contact Person  Area Code  Daytime Telephone Number  Street Address:  Registration Section  Division of Corporations   | Hottin & Daro Group LLC                           | 20231<br>SEC<br>T.S.                        |
| West Harrison, NY 10604  City/State and Zip Code  cimy@interactiveaccountants.com  E-mail address: (to be used for future annual report notification)  rinformation concerning this matter, please call:  Area Code  Name of Contact Person  Area Code  Daytime Telephone Number  Street Address:  Registration Section  Division of Corporations   |   | Firm/Company                                |
| City/State and Zip Code  cimy@interactiveaccountants.com  E-mail address: (to be used for future annual report notification)  rinformation concerning this matter, please call:  cichard Hottinger  Name of Contact Person  Area Code  Daytime Telephone Number  Area Code  Lailing Address:  Registration Section  Division of Corporations  Division of Corporations  | 7 Buckout Road                                    | · *   |
| City/State and Zip Code  cimy@interactiveaccountants.com  E-mail address: (to be used for future annual report notification)  rinformation concerning this matter, please call:  cichard Hottinger  Name of Contact Person  Area Code  Daytime Telephone Number  Area Code  Lailing Address:  Registration Section  Division of Corporations  Division of Corporations  |   | Address                                     |
| E-mail address: (to be used for future annual report notification)  rinformation concerning this matter, please call:  Lichard Hottinger  Name of Contact Person  Area Code  Street Address:  Legistration Section  Division of Corporations  E-mail address: (to be used for future annual report notification)  917  930-4210  Area Code  Daytime Telephone Number  Street Address:  Registration Section  Division of Corporations | West Harrison, NY 10604                           | 3:  |
| E-mail address: (to be used for future annual report notification)  r information concerning this matter, please call:  Lichard Hottinger  Name of Contact Person  Area Code  Daytime Telephone Number    Street Address: Registration Section   Registration Section   Division of Corporations   Division of Corporations   | Ci  | ty/State and Zip Code                       |
| Name of Contact Person    Street Address: Registration Section   Properties   | eimy@interactiveaccountants.com                   |   |
| Name of Contact Person  Name of Contact Person  Area Code  Daytime Telephone Number  Street Address: Registration Section Division of Corporations  Division of Corporations  | E-mail address: (to be                            | used for future annual report notification) |
| Name of Contact Person  Area Code  Daytime Telephone Number  Street Address: Registration Section Division of Corporations  Division of Corporations  | r information concerning this matter, please call | l:  |
| Name of Contact Person Area Code Daytime Telephone Number    Street Address: Registration Section   Registration Section     Division of Corporations   Division of Corporations  | Richard Hottinger                                 |   |
| Registration Section Registration Section Division of Corporations Division of Corporations   | Name of Contact Person                            |   |
| Division of Corporations Division of Corporations   | failing Address:                                  |   |
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| A) DOX 0377   |   |   |
|   | Callahassee, FL 32314                             |   |
| Tallahassee, FL 32314  Tallahassee, FL 32303  | ananassee, 1 L 52514                              |   |
|   | inclosed is a check for the following amount:     |   |
| lease make check payable to: FLORIDA DEPARTMENT OF STATE  I \$125.00 Filing Fee   |   |   |

# 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:

| New York  (Jurisdiction under the law of w | hich foreign limited liability company is organized)   | 46-1744544                            |
|--|--|---------------------------------------|
| (Jurisdiction under the law of w           | Color Color Color Charles Color Colo | 3.                                    |
|  | nich foreign finnted flability company is organized)   | (FEI number, if applicable)           |
| 01/01/2023                                 |  | registration.)                        |
|  | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ  | registration.) ine penalty liability) |
| Hottin & Daro Group                        | LLC  | Interactive Accountants LLC           |
| reet Address of Principal Office)          |  | (Mailing Address)                     |
| 7 Buckout Road                             |  | 8180 NW 36th Street Ste 327           |
| West Harrison, NY 106                      | 504  | D 1 21 231//                          |
| Name and street address                    | ss of Florida registered agent: (P.O. Box  | Doral, FL 33166  NOT acceptable)      |
| Name and street address  Name:             | <del></del>  |                                       |
|  | ss of Florida registered agent: (P.O. Box  |                                       |
| Name:                                      | Matthew Shiebler   |                                       |

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: Richard Hottinger Name: Name: □Manager □ Manager Address: \_\_\_\_ Address: \_\_\_\_\_\_ □Member □Member New York, NY 10022 ☐ Authorized □ Authorized Person Person President □Other\_\_\_\_ Other\_ □Other \_\_\_\_ □Manager Name: Manager Name: Address: \_\_\_\_ □Member Address: \_ ☐ Member ☐ Authorized ☐ Authorized Person Person □Other\_\_\_ □Other\_\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_ □Manager Name: □ Manager Name: \_\_\_\_\_\_ ☐ Member Address: ☐ Member Address: ☐ Authorized ☐ 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. 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. Richard Hottinger

Signature of an authorized person

Richard Hottinger

### 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:** 

HOTTIN&DARO GROUP LLC

DOS ID Number:

1334940

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

12/19/2012

Statement Status:

PAST DUE DATE

Statement Due Date:

12/31/2014

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 02:16 P.M.

Brandon C Hugher

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

**Executive Deputy Secretary of State** 

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