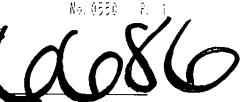
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## Foreign Limited Liability Company GEE FAMILY VENTURES, LLC

Certificate of Status	0
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### 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:

GEE FAMILY VENT	ures, llc					
(Name of Foreign	Limited Liability Company, must include "Limited	d Liabilia	y Company," "L.L.C.," or "LLC.")		_	
(If name unavailable, onler afternate	name adopted for the purpose of transacting business in Pl	loridu. The	alternate name must include "Limited Liability	Company," "LL.C,"	or "LLC."	)
NEW YORK						
(Jurisdiction under the law of which foreign firmled liability company is organized)		3(FEI number, if applicable)				
4.						
	(Date first transacted business in Florida, II prior to (See sections 605.0904 & 605.0905, P.S. to determi	registratio inc pensity	a.) bability)	_		
45 YALE ROAD 5.		б.	45 YALE ROAD			
(Street Address of Principal Office)		0.	(Muiling Address)		_	
MERRICK, NY 11566	<u> </u>		MERRICK, NY 11566			
<del> </del>			<del> </del>		_	
7. Name and street address	ss of Florida registered agent (P.O. Box	NOT	acceptable)	<u> </u>	2023 1	
Name:	FRANCESCA GUIDICI			対点に	2023 HAY 23	7
Office Address:	3508 PORTA ROMANO WAY			014°a 18 an	PM 1:	ED
	LAKE MARY		32746 , Florida	ATE AUA	: 59	
	(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.

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: \_\_\_ ☐ Manager □Manager Naine; \_\_\_\_\_ Address: \_\_\_ 3508 PORTA ROMANO WAY ■Member □Member Address: LAKE MARY, FL 32746 Authorized ☐ Authorized Person Person Other\_\_\_\_ □Other\_\_\_\_\_ □ Other\_\_\_\_\_ Other\_\_\_\_ □Manager Name: ☐ Manager Name: \_\_\_\_\_ ☐ Member Address: 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 \$.817.155, F.S. /s/ Francesca Guidici
Signature of an appriorized person FRANCESCA GUIDICI

Typed or printed name of signed

#### 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:

GEE FAMILY VENTURES, LLC

DOS ID Number:

6334518

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

**EXISTING** 

Date of Initial Filing with DOS:

11/23/2021

Statement Status:

CURRENT

Statement Due Date:

11/30/2023

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 May 23, 2023 at 11:48 A.M.

Brandon Co Higher

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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