

M23000007138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

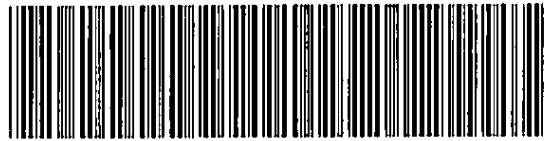
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23000066923

Office Use Only



300407796773

05/01/23--01044--022 \*\*130.00

FILED  
2023 MAY 30 PM 12:01



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2023

NIK FROEHLICH  
20411 SW BIRCH ST, SUITE 330  
NEWPORT BEACH, CA 92625 US

SUBJECT: SARITASA LLC  
Ref. Number: W23000066983

We have received your document for SARITASA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews  
Regulatory Specialist II

Letter Number: 523A00010449

**RECEIVED**

MAY 30 2023

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SARITASA LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

NIK FROEHLICH

\_\_\_\_\_  
Name of Person

SARITASA LLC

\_\_\_\_\_  
Firm/Company

20411 SW BIRCH ST, SUITE 330

\_\_\_\_\_  
Address

NEWPORT BEACH, CA 92625

\_\_\_\_\_  
City/State and Zip Code

nik@saritasa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nik Froehlich

949

234-6612

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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:

1. SARTTASA, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. CALIFORNIA 3. 20-2842465  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. APRIL, 2023  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 20411 SW BIRCH ST, SUITE 330 6. 20411 SW BIRCH ST, SUITE 330  
(Street Address of Principal Office) (Mailing Address)  
NEWPORT BEACH, CA 92660 NEWPORT BEACH, CA 92660

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NIK FROEHLICH

Office Address: 5210 Rosefinch Pl

LITHIA, Florida 33547  
(City) (Zip code)

FILED  
2023 MAY 30 PM 12:01  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DALLAS, TEXAS

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.

J. J. J.  
(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:  
☒ Manager              Name: FRANZ NIK FROEHLICH  
☒ Member              Address: 5310 ROSEFINCH PL.  
☐ Authorized              LITHIA, FL 33547  
Person  
☐ Other                      ☐ Other

☐ Manager              Name: DMITRY SEMENOV  
☒ Member              Address: 490 Michelle Way  
☐ Authorized              FAIRVIEW, TX 75069  
Person  
☐ Other                      ☐ Other

☐ Manager              Name: \_\_\_\_\_  
☐ Member              Address: \_\_\_\_\_  
☐ Authorized              \_\_\_\_\_  
Person  
☐ Other                      ☐ Other

Title or Capacity:                      Name and Address:  
☐ Manager              Name: MELINDA MCCARTNEY  
☒ Member              Address: 5310 ROSEFINCH PL.  
☐ Authorized              LITHIA, FL 33547  
Person  
☐ Other                      ☐ Other

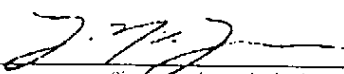
☐ Manager              Name: GITTA PINKUS  
☐ Member              Address: 5025 Discovery Pt  
☒ Authorized              DISCOVERY BAY, CA 94505  
Person  
☐ Other                      ☐ Other

☐ Manager              Name: \_\_\_\_\_  
☐ Member              Address: \_\_\_\_\_  
☐ Authorized              \_\_\_\_\_  
Person  
☐ Other                      ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

  
\_\_\_\_\_  
Signature of an authorized person

FRANZ NIK FROEHLICH

\_\_\_\_\_  
Typed or printed name of signee



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** SARITASA, LLC  
**Entity No.:** 200515310226  
**Registration Date:** 05/19/2005  
**Entity Type:** Limited Liability Company - CA  
**Formed In:** CALIFORNIA  
**Status:** Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of May 24, 2023.

**SHIRLEY N. WEBER, PH.D.**  
Secretary of State

**Certificate No.:** 112011311

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).