

# M23000007509

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : 120040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## Foreign Limited Liability Company PETRAKIS REALTY LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FL

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FILED

**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. PETRAKIS REALTY 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. NEW YORK

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_

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

4007 MERRICK ROAD

5. \_\_\_\_\_  
(Street Address of Principal Office)

SEAFORD, NY 11783

4007 MERRICK ROAD

6. \_\_\_\_\_  
(Mailing Address)

SEAFORD, NY 11783

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

Name:

Registered Agent Solutions, Inc.

Office Address:

2894 Remington Green Ln. Ste. A

Tallahassee

(City)

, Florida

32308

(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.*

/s/ Naomi Ostopowitz, Assistant Secretary on behalf of Registered Agent Solutions, Inc.

(Registered agent's signature)

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SECRETARY OF  
TALLAHASSEE

FILED

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>PETER PETRAKIS</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>4007 MERRICK ROAD</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>SEAFORD, NY 11783</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

/s/ Peter Petrakis

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

Peter Petrakis, Member

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

## 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: PETRAKIS REALTY LLC  
DOS ID Number: 4338123  
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 12/27/2012  
Statement Status: CURRENT  
Statement Due Date: 12/31/2024

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION  
Date of Filing: 12/27/2012  
Entity Name: PETRAKIS REALTY LLC

Document Type: CERTIFICATE OF PUBLICATION  
Date of Filing: 03/29/2013

Document Type: BIENNIAL STATEMENT  
Date of Filing: 03/25/2016  
Effective Date: 12/01/2014

Document Type: BIENNIAL STATEMENT  
Date of Filing: 10/10/2017  
Effective Date: 12/01/2016

Document Type: BIENNIAL STATEMENT  
Date of Filing: 11/13/2020  
Effective Date: 12/01/2018

Document Type: BIENNIAL STATEMENT  
Date of Filing: 12/24/2020  
Effective Date: 12/01/2020

Document Type: BIENNIAL STATEMENT  
Date of Filing: 02/09/2023  
Effective Date: 12/01/2022

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 19, 2023 at  
12:42 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State