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Help

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. COWREE REALTY LLC			
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," of	•"LLC.")		
(If name unavailable, onter alternate name adopted for the purpose of transacting business in Florida. The alternate not Liability Company," "2.L.C," or "[L.C."]	ne must incl	ude "Limi	led
2. New York (Jurisdiction under the faw of which foreign limited liebility company is organized) 3. <u>27 - 1931583</u> (FEI number, if applicable	5		
4.	_		
(Date first transacted business in Florida, if prior to registration.) (Soc scotions 605.0904 & 605.0905, F.S. to determine penalty liability)			
$\frac{1}{2} \frac{1}{2} \frac{1}$	-		
New York, My 10023 (Sifeol Address of Principal Office)			
б			
	-		
(Mailing Address)	-		
7. Name and atreet address of Florida registered agent: (P.O. Box NOT acceptable)			
Name: <u>Allyson Sackman Nick</u>			
Office Address: 6483 S.E. Spyglass lane			
Stuart, FL , Florida 33139 (Cliv) (Zip code)	_		
Registered agent's acceptance:			
Having been named as registered agent and to accept service of process for the above stated corporation this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I	further am	-	
with the provisions of all statutes relative to the proper and complete performance of my duties, and I at the obligations of my position as registered agent.	n familiar	with and	accept
× aluse min			
(Régistered agent's signature)	- 0	20	
B. The name, title or capacity and address of the person(s) who has/have authority to manage is/are;	TAL	ر د ر	-71
Allyson Sackman Nick -Manager		UH 2	
6483 S.E. Spyglass Lanel	<u> </u>		
Stuart, FL 33139	<u> </u>	hd	$\overline{\mathbf{O}}$
9. Attached is a certificate of existence, no more than 90 days old, duly suthenticated by the official having	ousiody of	يې i recends i	n tho
jurisdiction under the law of which it is organized. (If the contificate is in a foreign language, a translation of the translator must be submitted)	of the certifi	loate unde	troath
Signature of an authorized person	-		
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the facts stated herein are true. I am aware that any false information submitted in a document to the Depar	r the penalt	ica of per	jury that
dogree felony as provided for in s.817.155, F.S.	mour of 9f	410 00850	uuca a (00°0
- Alan Kaphin	_		
17000 of burned name of signed			

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Jun. 2023. 2:55PM

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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: DOS 1D Number: Entity Type: Entity Status: Date of Initial Filing with DOS:

Statement Status:

COWRIE REALTY, LLC 3908009 DOMESTIC LIMITED LIABILITY COMPANY EXISTING 02/03/2010

CURRENT Statement Due Date: 02/29/2024

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 June 21, 2023 at 02:47 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

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