

8/8/23, 4:58 PM

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Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : INCFILE.COM LLC
Account Number : T20220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

**Foreign Limited Liability Company
CBS CONSULTING GROUP LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: CBS CONSULTING GROUP 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:

LOVETTE DOBSON
Name of Person

Firm/Company

17350 STATE HWY 249 STE 220
Address

HOUSTON, TX 77064
City/State and Zip Code

EFILE1234@INCFILE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at (1) 888-462-3453
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

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TALLAHASSEE, FL

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

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.04(2) FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO RE-ENTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1 CBS CONSULTING GROUP LLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLC's")

2 Name of the chief administrative officer or chief executive officer acting in the state of Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC's"

3 Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized) LLC number, if applicable

4 _____
(Number of members, partners, associates, and officers at prior to registration)
(If foreign jurisdiction requires determination of penalty for late filing)

5 8561 Nw 162nd St 6 8561 Nw 162nd St
(Mailing Address - Principal Office) (Mailing Address)

Miami Lakes, FL 33016 Miami Lakes, FL 33016

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

Name David Weiss

Office Address 8561 Nw 162nd St

Miami Lakes, Florida 33016
(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.

David Weiss
(Registered agent's signature)

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TALLAHASSEE
STATE

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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>
Manager	Name: <u>Chaim Weiss</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>8 Morris Rd</u>	<input type="checkbox"/> Member	Address: _____
Authorized	<u>Spring Valley, NY 10977</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other: _____	Other: _____	<input type="checkbox"/> Other: _____	Other: _____
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other: _____	Other: _____	<input type="checkbox"/> Other: _____	Other: _____
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other: _____	Other: _____	<input type="checkbox"/> 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.

Chaim Weiss
Signature of an authorized person

Chaim Weiss
Type and printed name of signer

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STATE OF WYOMING
Office of the Secretary of State

((H23000275858 3)))

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

CBS CONSULTING GROUP LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 8, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000850036**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 8th day of August, 2023 at 4:44 PM. This certificate is assigned ID Number 064143322.



Chuck Gray

Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FL