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(City/State/Zip/Phone #)

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2023 AUG 22 AM 7:57

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DSP-REA 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:

David J. Panitz

Name of Person

DSP-REA, L.L.C.

Firm/Company

4 Graniks Way

Address

Montebello, NY 10901

City/State and Zip Code

djpanitz@att.net

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

For further information concerning this matter, please call:

David J Panitz

Name of Contact Person

at (201) 637-4103

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 606.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1 DSP-REA, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLCO")

Office name and state, other alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLCO."

2 New Jersey

27-3540459

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

(Filer number, if applicable)

4 August 15, 2023

(Date first transacted business in Florida, if none to registration)
(See sections 606.004 & 606.005, F.S., for delinquent penalty (s))

5 4 Greniks Way

(Current address of Principal Office)

6

(Mailing address)

Montebello, NY 10901

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

Name Michael Spritzer

Office Address:

10 Edgewater DR, 11-A

Coral Gables

Florida

33133

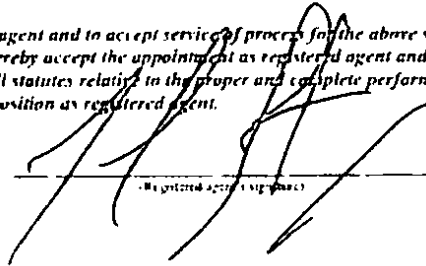
(City)

(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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X



(Registered agent's signature)

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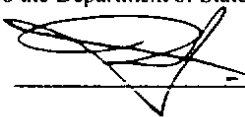
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	David J Panitz		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	4 Graniks Way		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Montebello, NY 10901		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	Shirley Panitz		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	4 Graniks Way		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Montebello, NY 10901		<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.



Signature of an authorized person

David J. Panitz

Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

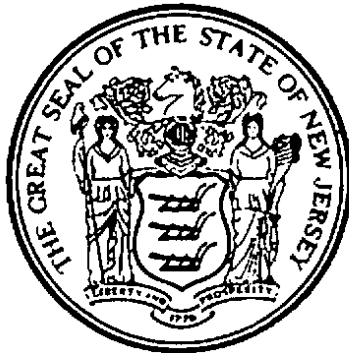
DSP-REA, L.L.C.
0600364656

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on September 24, 2010.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

DAVID J. PANITZ, ESQUIRE
90 MAIN STREET
SUITE 204
HACKENSACK, NJ 07601



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
15th day of August, 2023*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6145712599

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCertiJSP/Verify_Cert.jsp