

9/7/23, 4:45 PM

Division of Corporations

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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
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Phone : (800)905-9220
Fax Number : (800)905-9880

****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 IKLEMPNER LLC

Certificate of Status	1
Certified Copy	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

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

2 NEW YORK 3 _____
(Jurisdiction under the law of which foreign limited liability company is organized) (LL number of applicant)

4 _____
(Overseas office address, including postal code, if applicable, and telephone number, if applicable, of foreign limited liability company)

5 290 174TH ST, SUNNY ISLES, FL 33160 6 290 174TH ST, SUNNY ISLES, FL 33160
(Street Address of Principal Office) (Overseas Address)

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

Name ILONA KLEMPNER

Office Address 290 174TH ST

SUNNY ISLES 33160
City State Zip

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/ ILONA KLEMPNER

(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>
☐ Manager	Name <u>ILONA KLEMPNER</u>	☐ Manager	Name _____
☒ Member	Address <u>2901 74TH ST</u>	☐ Member	Address: _____
☐ Authorized	<u>SUNNY ISLES, FL 33160</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name _____	☐ Manager	Name _____
☐ Member	Address: _____	☐ Member	Address _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed 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 605.9203 (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 § 817.155, F.S.

/S/ ILONA KLEMPNER

Signature of an authorized person

ILONA KLEMPNER

Typed or printed name of signer

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: IKLEMPNER LLC
DOS ID Number: 5016441
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 09/29/2016
Statement Status: CURRENT
Statement Due Date: 09/30/2024

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: 09/29/2016
Entity Name: IKLEMPNER LLC

Document Type: BIENNIAL STATEMENT
Date of Filing: 09/20/2018
Effective Date: 09/01/2018

Document Type: BIENNIAL STATEMENT
Date of Filing: 11/05/2020
Effective Date: 09/01/2020

Document Type: BIENNIAL STATEMENT
Date of Filing: 09/07/2023
Effective Date: 09/01/2022

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 September 07, 2023
at 04:43 P.M.



ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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