# M2300013104

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(Business Entity Name)
	(D
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	) Filing Officer:
	Office Use Only



10/11/28--01006 --016 \*\*125.00



	ORPORATE ACCESS,	When you need ACCESS to the world
•		236 East 6th Avenue. Tallahassee, Florida 32303 32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
		WALK IN
	PICK	UP:BROOK 10/11
	CERTIFIED COPY	
X	РНОТОСОРУ	
	GS	
XX	FILING	FOREIGN LLC
-	KIYOT PROPERTIES LL (CORPORATE NAME AND DOCUM	
-		
	(CORPORATE NAME AND DOCUM	MENT #)
-	(CORPORATE NAME AND DOCUM	MENT #)
-	(CORPORATE NAME AND DOCUM	MENT #)
_	(CORPORATE NAME AND DOCUM	MENT #)

**INSTRUCTIONS:** 

#### **COVER LETTER**

# TO: Registration Section Division of Corporations

Kiyat Properties LLC SUBJECT:

1

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:

Edward Pascual

 Name of Person

 Kiyot Properties LLC

 Firm/Company

 5801 Kiyot Way, #3

 Address

 Los Angeles, CA 90094

 City/State and Zip Code

 epascual@kiyotprop.com

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

 For further information concerning this matter, please call:

Edward Pascual	805 at (	404-5161
Name of Contact Person	Area Code	Daytime Telephone Number
Malling Address:	Street Address:	
Registration Section	Registration Se	ction
Division of Corporations	Division of Co	rporations
P.O. Box 6327	The Centre of 7	-
Tallahassee, FL 32314	2415 N. Monro	e Street, Suite 810
	Tallahass <del>ee</del> , FI	-

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE

## 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.	Kiyot	Proper	ties	LLC	2
----	-------	--------	------	-----	---

(If name unavailable, onter alternate name adopted for the purpose of transacting business in Fle	nida. The	e alternate name must include "Limited Liability Company," "L.L.	C," or "LLC."
California	•		
2. (Jarisdiction under the law of which foreign limited hability company is organized)	و	. (FEI number, if applicable)	
4.			
(Date first transacted business in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determin	egistratic ne penalt	a.) y liability)	
5801 Kiyot Way, #3 5.	6.	5801 Kiyot Way, #3	
C. (Street Address of Principal Office)	0.	(Mailing Address)	
Los Angeles, CA 90094		Los Angeles, CA 90094	

Name	Javed Akhtar		-	,	PH	
Office Address:	19906 Jodi Drive		-		6: 18	
	Lutz		33558 , Florida			
		(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.

June Atm (Registered agent's signature)

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]:

Title or Capacity:	Name and Address:	Title or Capacity;	Name and Address:
Manager	Edward Pascual Name:	□Manager	Romana Pascual
Member	Address: 5801 Kiyot Way, #3	Member	Address:
Authorized	Los Angeles, CA 90094	Authorized	Los Angeles, CA 90094
Person		Person	
□Other	Other	Dother	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 imaged for reporting purposes only. Nonindexed 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 Edward Pascycl Typed or printed name of signes



# Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	KIYOT PROPERTIES LLC
Entity No.:	201632810253
Registration Date:	11/16/2016
Entity Type:	Limited Liability Company - CA
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of October 09, 2023.

SHIRLEY N. WEBER, PH.D. Secretary of State

Certificate No.: 151229826

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.