# M23000013421

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Enlity Name)  (Document Number)  entified Copies Certificates of Status Special Instructions to Filing Officer:	
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Special instructions to Filing Officer:	Change Instructions to Filling Office
	Special instructions to Filing Officer:

Office Use Only



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ALPROVED AND FILED

DIVISION CONTROL TERICE

TALLAHASSEE, FLORISA

RECEIVED

OCT 1 8 2023

K. Brumbley

## Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

# **ORDER FORM**

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
Corphelo@dos.mvflorida.com

Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051 FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

**REQUEST DATE**. 10/18/2023

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1188526

ORDER ENTITY

DAGHER ENGINEERING, PLLC LLC

# PLEASE PERFORM THE FOLLOWING SERVICES: DAGHER ENGINEERING, PLLC LLC (FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

Email address for annual report reminders: filings@accumera.com

### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, October 18, 2023 Page 1 of 1

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN THE FOLLOWING INSUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-

Torda. The alternate name must include "t imited		
13-4123990		
*** <u> </u>		
3. (4 El number, if applicable)		
registration ) nine penalty liability)	<del></del>	
6. (Mailing Address)		
29 Broadway, Ft. 21		
New York, NY 10006	. 2	
c <u>NOT</u> acceptable)	1023 OCT	
	TE PH	
<del> </del>	6: 2	
32301 , Florida	 	
	29 Broadway, Ft. 21  New York, NY 10006  (NOT acceptable)	

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.

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	Name: Elias Dagher	□Manager	Name: Josephine Zurica
■Member	Address: 29 Broadway, Fl. 21	■Member	Address: 29 Broadway, Fl. 21
□Authorized	New York, NY 10006	□Authorized	New York, NY 10006
Person		Person	
□ Other	Other	Other	
□Manager	Name: Daniel Nielsen	□Manager	Name:
■Member	Address: 29 Broadway, Fl. 21	□Member	Address:
□Authorized	New York, NY 10006	□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. 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.

E		
	Signature of an authorized person	
Elias Dagher		
	Typed or printed name of some	

#### 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:** 

DAGHER ENGINEERING, PLLC

**DOS ID Number:** 

2523516

Entity Type:

DOMESTIC PROFESSIONAL SERVICE LIMITED LIABILITY COMP

ANY

**Entity Status:** 

EXISTING

Date of Initial Filing with DOS:

06/21/2000

Statement Status:

CURRENT

Statement Due Date:

06/30/2024

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:

06/21/2000

**Entity Name:** 

DAGHER ENGINEERING, PLLC

Document Type:

BIENNIAL STATEMENT

Date of Filing:

07/02/2002

**Effective Date:** 

06/01/2002

**Document Type:** 

BIENNIAL STATEMENT

Date of Filing:

06/02/2004

**Effective Date:** 

06/01/2004

Page Lof 3

**Document Type:** BIENNIAL STATEMENT

 Date of Filing:
 05/23/2006

 Effective Date:
 06/01/2006

**Document Type:** BIENNIAL STATEMENT

Date of Filing:06/05/2008Effective Date:06/01/2008

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 06/16/2010

 Effective Date:
 06/01/2010

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 06/10/2014

 Effective Date:
 06/01/2014

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 07/19/2022

 Effective Date:
 06/01/2022

Above space is left blank intentionally.

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 October 16, 2023 at 12:46 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Higher

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100004491370 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>