Florida Department of State

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(((H23000384569 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

Phone : (855)498-5500

Fax Number

: (800)432-3622

*Enter the email address for this business entity to be used for future Email Address:

Foreign Limited Liability Company **DEUTSCH LLC**

Certificate of Status	0
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Page Count	05
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	COVER LETTER		
mo n .	H23000384569		
	stration Section ion of Corporations		
171413	ion of Corporations		
_	N41-10		
SUBJECT: L	Deutsch LLC		
	Name of Limited Liability Company		
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida.		
Please return a	ll correspondence concerning this matter to the following:		
	e e fe contra de la		
	Name of Person		
	Nume (A Letton		
	Capitol Services - Corporate Filings Team		
	Firm/Company		
D.CO.O.D.T.L.N.T.	T E45 Food Body Avenue Cod El		
IMPORTANT: The email address	515 East Park Avenue 2nd Fl		
entered here will	Address		
be utilized for			
future annual	Tallahassee, FL 32301		
report notifications and possibly other	City/State and Zip Code		
NOTIFICATIONS			
from the STATE			
to the entity!	E-mail address: (to be used for future annual report notification)		
For further info	ormation concerning this matter, please call:		
	at (855) 498 - 5500		
	Name of Contact Person Area Code Daytime Telephone Number		
	LING ADDRESS: STREET ADDRESS: ion of Corporations Division of Corporations		
	tration Section Registration Section		
-	Box 6327 Clifton Building		
Tallal	nassee, FL 32314 2661 Executive Center Circle		
	Tallahassee, FL 32301		
Enclo	sed is a check for the following amount:		
	e make check payable to: FLORIDA DEPARTMENT OF STATE		
□ s	125.00 Filing Fee S130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate		
<u> </u>	Certificate of Status Certified Copy of Status & Certified Copy		

H23000384569

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:

eutsch NY LLC				
ame unavallable, enter alternate e	ame adopted for the purpose of transacting business in Flori	da. The alternate name must inclu	ide "Limited Liability Compi	any," "L.L.C," or "LLX
DE		3.		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if applic	ablc)
Upon Filing				
Opon 1 ming	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, P.S. to determine	gistration.) e penalty liability)		
387 Park Avenue	South, 10th Floor	6	(Mailing Address)	
New York NY 10	016			
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		TALL TO WORK
Name:	Capitol Corporate Services, In-	c.		
Office Address:	515 East Park Avenue 2nd Fl			
Office Address.				<u>-</u> -≥
	Tallahassee	, Florida	32301	., –
	(City)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip code)	

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.

Kim Tadlock, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.

(Registered agent's signature)

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Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Robert Dobson		Name: Val DiFebo
Member	Address: 909 Third Ave	Member	Address: 387 Park Avenue South, 10th F
Authorized	New York, NY 10022	☐ Authorized	New York, NY 10016
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
9. Attached is a cert jurisdiction under the of the translator mu 10. This document:	Use an attachment to report more than six (6) may be added to the index when filing your difficate of existence, no more than 90 days one law of which it is organized. (If the certificate state submitted) is executed in accordance with section 605.0 ment to the Department of State constitutes a	Florida Department of State ld, duly authenticated by the cate is in a foreign language. 203 (1) (b), Florida Statutes.	Annual Report form. official having custody of records in the a translation of the certificate under oath I am aware that any false information

Robert Dobson

Typed or printed name of signee

H23000384569



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DEUTSCH LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE SIXTH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEUTSCH LLC" WAS FORMED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2509394 8300
SR# 20233899074
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204523408

Date: 11-06-23