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NOV 0 8 2023 K. Brumbles CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 116719

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: November 7, 2023

ORDER TIME : 7:14 AM

ORDER NO. : 116719-020

CUSTOMER NO: 8396234

FOREIGN FILINGS

NAME: RIGO FTL 1003, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

COVER LETTER

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| TO: | Registration Section Division of Corporations | |
|---------|---|--|
| SUBJI | RIGO FTL 1003, LLC | |
| | | ne of Limited Liability Company |
| | | Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida. |
| Please | return all correspondence concerning this matter t | to the following: |
| | | Name of Person |
| | | Firm/Company |
| | | , , |
| | | Address |
| | (| City/State and Zip Code |
| | E-mail address: (to b | e used for future annual report notification) |
| For fur | ther information concerning this matter, please ca | dl: |
| | | at () |
| | Name of Contact Person | at () Area Code Daytime Telephone Number |
| | Mailing Address: | Street Address: |
| | Registration Section | Registration Section |
| | Division of Corporations | Division of Corporations |
| | P.O. Box 6327 | The Centre of Tallahassee |
| | Tallahassee, Fl. 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fe Certificate of | ee & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate |

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:

| f name unavailable, enter alternate | name adopted for the purpose of transacting business in Flo | orida. The alternate name must include "Limited | Liability Company," "L.L.C," or "LLC. | |
|--|---|---|---|--|
| NEW YORK | | 47-3911962 3. | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | (FEI nur | (FEI number, if applicable) | |
| N/A | | | | |
| | (Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine | egistration) te penalty liability) | | |
| 445 EMPIRE BLVD | - | 6. (Mailing Address) | | |
| BROOKLYN NY 112 | 25 | BROOKLYN NY 11225 | 202 | |
| _ | _ | | 2023 NOV | |
| Name and street address | ss of Florida registered agent: (P.O. Box | NOT acceptable) | 8 CB | |
| Name: | Corporation Service Company | | 2. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. | |
| Office Address: | 1201 Hays Street | | | |
| | Tallahassee | 32301 , Florida | | |
| | (Cny) | (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.

Corporation Service Company
By: Wiland-Sanson, AVP

(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: Name: FAST TRACK LEASING, LLC □Manager □ Manager 445 EMPIRE BLVD Address: ____ ■Member □Member **BROOKLYN NY 11225** - Authorized ☐ Authorized Person Person 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 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. Wayne Ackerman WAYNE ACKERMAN

Typed or printed name of signee

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:

RIGO FTL 1003, LLC

DOS ID Number:

4750843

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

04/30/2015

Statement Status:

CURRENT

Statement Due Date:

04/30/2025

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 November 07, 2023 at 03:22 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hugha

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100004626573 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov