M230000 14317

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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NOV 0 8 2023 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 116719 8396234

AUTHORIZATION : Investment of the control of the contro

XXXX QUALIFICATION (TYPE: <u>LL</u>)

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

TO: Registration Section

Nam	e of Limited Liability Company	
	Company for Authorization to Transact Business in Florida." Certification referenced foreign limited liability company to transact business in	
eturn all correspondence concerning this matter t	o the following:	
	Name of Person	
	Firm/Company	
	Address	
C	ity/State and Zip Code	
E-mail address: (10 be	e used for future annual report notification)	
er information concerning this matter, please ca	II:	
Name of Contact Person	at ()	
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		

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. FAST TRACK LEAS	Limited Liability Company, must include "Limited	Liability C	ompany,""L.L.C.," or "LLC")		
If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alto	rmate name must include "Limited L	iability Company," "L. L. (7," or "I.LC.
NEW YORK 2.			7-1898707		
(Jurisdiction under the law of which foreign limited liability company is organized)		3	(Fl:I numl	ber, 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) ne penalty liab	nhıy)		
445 EMPIRE BLVD		6. <u> </u>	15 EMPIRE BLVD		
treet Address of Principal Office)		· _	(Mailing Address)		
BROOKLYN NY 112	25	В	ROOKLYN NY 11225		
			·	2023	
	 _				
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acc	eptable)	¥ - 8	
Name:	Corporation Service Company	_		n 3	
Office Address:	1201 Hays Street		<u> </u>	: 57	•
	Tallahassee		32301 , 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.

Corporation Service Company

By: Wulnd-January, AP

(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: ______ □Manager □Manager Name: _____ 445 EMPIRE BLVD ■ Member □Member Address: ____ **BROOKLYN NY 11225** □ Authorized ☐ Authorized Person Person □Other □Other___ □Other □Other____ □Manager Name: □Manager Name: _____ □Member Address: Address: _____ □Member ☐ 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
Signature of an authorized person 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:

FAST TRACK LEASING, LLC

DOS ID Number:

4614486

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

07/30/2014

Statement Status:

CURRENT

Statement Due Date:

07/31/2024

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 03:20 P.M.

Brandon C. Hughen

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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