

# M24000001025

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H230004199253ABC2

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: nipapatel@paulhastings.com

2023 NOV 30 PM 4: 59

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## Foreign Limited Liability Company ELITE INVESTIGATIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Please file this second after coversheet H230004091273. This is a 1-2 filing of Merger and Registration. Requesting the original filing date of 11/30/23 of merger.

DocuSign Envelope ID: 1070C9F6-EEAA-4B3A-97A8-2AC7DA966E80

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 ELITE INVESTIGATIONS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

ELITE INVESTIGATIONS OF NY, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2 New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3 13-3077215

(FEF number, if applicable)

4 (Date first transacted business in Florida, if prior to registration.)  
(See sections 605.003 & 605.0095, F.S. to determine penalty liability.)

2001 Central Park Ave, Yonkers, NY 10710

5 (Street Address of Principal Office)

2001 Central Park Ave, Yonkers, NY 10710

6 (Mailing Address)

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

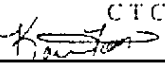
33324

(Zip code)

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**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.*

By:  C T Corporation System

Kaity Toon, Assistant Secretary

(Registered agent's signature)

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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]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Elite Investigations Holdings LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Joseph Saponaro</u>
<input checked="" type="checkbox"/> Member	Address: <u>2001 Central Park Ave</u>	<input checked="" type="checkbox"/> Member	Address: <u>2001 Central Park Ave</u>
<input checked="" type="checkbox"/> Authorized	<u>Yonkers, NY 10710</u>	<input checked="" type="checkbox"/> Authorized	<u>Yonkers, NY 10710</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Gary Weckler</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Dan Quinn</u>
<input checked="" type="checkbox"/> Member	Address: <u>2001 Central Park Ave</u>	<input checked="" type="checkbox"/> Member	Address: <u>2001 Central Park Ave</u>
<input checked="" type="checkbox"/> Authorized	<u>Yonkers, NY 10710</u>	<input checked="" type="checkbox"/> Authorized	<u>Yonkers, NY 10710</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Dan Barnett</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>James Woyner</u>
<input checked="" type="checkbox"/> Member	Address: <u>2001 Central Park Ave</u>	<input checked="" type="checkbox"/> Member	Address: <u>2001 Central Park Ave</u>
<input checked="" type="checkbox"/> Authorized	<u>Yonkers, NY 10710</u>	<input checked="" type="checkbox"/> Authorized	<u>Yonkers, NY 10710</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 § 817.155, F.S.

Digitized by:

*Kevin Cooke*

Signature of an authorized person

Kevin Cooke, Chief Financial Officer

Typed or printed name of signer

## 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:	ELITE INVESTIGATIONS, LLC
DOS ID Number:	6268978
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	08/26/2021
Existence Date:	09/09/2021
Statement Status:	PAST DUE DATE
Statement Due Date:	08/31/2023

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 06, 2023 at 03:53 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>