

M24000001069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

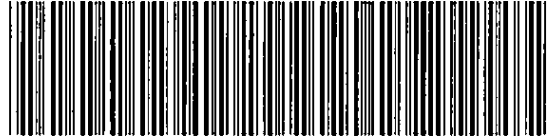
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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W23-136580

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2024 JAN 17 AM 9:32

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M. SOLOMON

JAN 30 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICHAEL DEROSA EXCHANGE, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MICHAEL L. DEROSA

Name of Person

MICHAEL DEROSA EXCHANGE, LLC

Firm/Company

6926 OWASCO ROAD

Address

AUBURN, NY 13021

City/State and Zip Code

MICHAELDEROSA@THEINTERNATIONALEXCHANGE.US

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

MICHAEL L. DEROSA

315

406 - 7355

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. MICHAEL DEROSA EXCHANGE, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. 47-3950140
(FEI number, if applicable)

4. NONE
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6926 OWASCO ROAD
(Street Address of Principal Office)

6. 6926 OWASCO ROAD
(Mailing Address)

AUBURN, NY 13021

AUBURN, NY 13021

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

Name: MICHAEL L. DEROSA

Office Address: 1646 W Snow Ave "Suite 175"
Tampa, FL 33606
(City) , Florida (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.


(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]:

Title or Capacity: **Name and Address:**
☒ Manager Name: MICHAEL L. DEROSA
☐ Member Address: 6926 OWASCO ROAD
☐ Authorized AUBURN, NY 13021
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

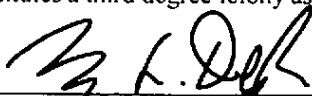
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

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CLERK OF COURT
JAN 17 2024

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.



Signature of an authorized person

MICHAEL L. DEROSA

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: MICHAEL DEROSA EXCHANGE, LLC
DOS ID Number: 4751809
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 05/01/2015

Statement Status: CURRENT
Statement Due Date: 05/31/2025

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 December 11, 2023 at 03:10 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2023

MICHAEL L. DEROSA
6926 OWASCO ROAD
AUBURN, NY 13021 US

SUBJECT: MICHAEL DEROSA EXCHANGE, LLC
Ref. Number: W23000136580

We have received your document for MICHAEL DEROSA EXCHANGE, LLC .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

Michael DeRosa Exchange, LLC
A company cannot serve as its own Registered Agent, can be the individual who
signed accepting Registered Agent designation.

Michael L. DeRosa

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Mel Solomon
Operations Manager A

Letter Number: 323A00029347

Please see attached corrected documents removing my company
michael DeRosa exchange, LLC
from serving as its own
registered Agent. I replaced
my company name with my
Name as an individual "Michael L. DeRosa".

RECEIVED

JAN 17 2024



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2023

MICHAEL L. DEROSA
6926 OWASCO ROAD
AUBURN, NY 13021 US

SUBJECT: MICHAEL DEROSA EXCHANGE, LLC
Ref. Number: W23000136580

We have received your document for MICHAEL DEROSA EXCHANGE, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 523A00023071