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COVER LETTER

TO:

FO:	Registration Section Division of Corporations					
1110 11	New York Drone Cleaning LLC					
Name of Limited Liability Company						
		y Company for Authorization to Transact Business in Florida," Certificate o e referenced foreign limited liability company to transact business in Florida				
lease	return all correspondence concerning this matter	to the following:				
	David Hanono					
		Name of Person				
	New York Drone Cleaning LLC					
		Firm/Company				
	212 NE 16th Terrace					
		Address				
	Fort Lauderdale, FL 33301					
		City/State and Zip Code				
	info@nydronecleaning.com					
	E-mail address: (to t	be used for future annual report notification)				
or fu	rther information concerning this matter, please c	all:				
	David Hanono	516 6682167				
	Name of Contact Person	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				
		rananassee, FL 52505				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE	PARTMENT OF STATE				
	□ \$125.00 Filing Fee ■ \$130.00 Filing F 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:

1. New York Drone Clear	ning LLC. Limited Liability Company; must include "Limite	1 4 V C'01			_
(Name of Foreign	Limited Liability Company; must include "Limite	d Liabilit	ty Company," "L.L.C.," or "LEC."	1	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The	alternate name must include "Limited	Liability Company," "L L.C," or	"LLC."ı
Delaware 2		3.	93-2626764	mber, if applicable)	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI nur	mber, if applicable)	_
N/A 4.					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registratio ine penalty	n.) y liability)		
212 NE 16th Terrace 5.		6.	16 Middle Neck Road		
Street Address of Principal Office)	<u></u> .		(Mailing Address)		_
Fort Lauderdale, FL 33	3301		Suite 686		
			Great Neck, NY 11021	7 2	
	ss of Florida registered agent: (P.O. Box	NOT.	acceptable)	24 JAN 26	-1-1
Name:	David Hanono			mer A	
Office Address:	212 NE 16th Terrace			AM 11: 50 EF STATE E, FLORIDI	
	Fort Lauderdale		33301 , 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.

(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:
□Manager	Name: David Hanono	□Manager	Name: Roy Shinuel
■Member	Address: 212 NE 16th Terrace	■Member	Address: 47 Gale Drive
□Authorized	Fort Lauderdale, FL 33301	□Authorized	Valley Stream, NY 11581
Person		Person	
[]Other	[]Other	Other	Other
□Manager	Name: Edo Elkasiasi	□Manager	Name:
■Member	Address: 212 NE 16th Terrace	□Member	Address:
□Authorized	Fort Lauderdale, FL 33301	□Authorized	
Person		Person	
Other	□Other	Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	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 s.817.155, F.S.

Signature of an authorized person

NOOD

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "NEW YORK DRONE CLEANING 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 TWENTY-FOURTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEW YORK DRONE CLEANING LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2023.

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

Authentication: 202655606

Date: 01-24-24