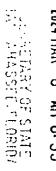
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Dusiness Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|   |
| W73000150020                            |
| W23000150028                            |

Office Use Only



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M. SOLOMON MAR 1 1 2024

# **COVER LETTER**

| Panoraman America LLC UBJECT:                         |  | _  |  |  |
|---|--|--|--|--|
|   | fame of Limited Liability Company  |  |  |  |
|   | ity Company for Authorization to Transact Business in Florida,<br>ove referenced foreign limited liability company to transact business. |  |  |  |
| ease return all correspondence concerning this matt   | ter to the following:  |  |  |  |
| Sylvia Trigo  |  |  |  |  |
|   | Name of Person   | -  |  |  |
| Punoramah America LLC                                 |  |  |  |  |
|   | Firm/Company   | -  |  |  |
| 260 Newtown Road                                      |  |  |  |  |
|   | Address  | <b>200</b>                                       |  |  |
| Plainview NY 11803                                    |  | 1024 HAR   |  |  |
|   | City/State and Zip Code  | 7-8  |  |  |
| strigo@panoramah.com                                  |  | AR -8 AM 8: 5<br>GIARY OF STATE<br>MASSEC, FLOSH |  |  |
| E-mail address: (t                                    | o be used for future annual report notification)   | 4 8:   |  |  |
| or further information concerning this matter, please | e call:  | VIE (  |  |  |
| Sylvia Trigo  | 914 6488299<br>at ( )  |  |  |  |
| 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<br>Tallahassee, FL 32303  |  |  |  |
| Enclosed is a check for the following amoun           |  |  |  |  |

# 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: Panoramah America LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LEC.") Panoraman 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.") Suffolk County New York 3. (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 260 Newtown Road 260 Newtown Road (Street Address of Frincipal Office) (Mailing Address) Plainview NY 11803 Plainview NY 11803 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Sylvia Trigo Name: S 7400 N Cypresshead Dr Office Address: Parkland 33067

# 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.

(Zip code)

(Registered agent 5 stemature)

(City)

| Title or Capacity:  | Name and Address:            | Title or Capacity: | Name and Address:         |     |
|---------------------|------------------------------|--------------------|---------------------------|-----|
| □Manager            | Name: Serralharia Jofebar SA | □Manager           | Name: Boris Torrico       |     |
| ■Membe.             | Additions: 260 Newtown Road  | <b>™</b> Member    | Address:                  |     |
| □Amnon2ed           | Plainview NY 11803           | □Authorized        | Plainview NY 11803        |     |
| Person              |                              | Person             |                           |     |
| □Other              | Other                        | □Other             | Other                     |     |
| □Mating or          | Yama: Sylvia Trigo           | □Manager           | Name:                     |     |
|                     | Address: 260 Newtown Road    | □Member            | Address: 260 Newtown Road |     |
| <b>△</b> Authorized | Plainview NY 11803           | ## Authorized      | Plainview NY 11803        |     |
| Person              |                              | Person             |                           | ·-¦ |
| □Other              | Other                        | Other              | Other 💆 🛣                 | 1   |
| □Manager            | Name: Tatyane Barbosa        | □Manager           | Name:                     |     |
| □Member             | Address:                     | □Member            | Address:                  |     |
| ☑ Authorized        | Plainview, NY 11803          | □Authorized        |                           |     |
| Person              | 71.                          | 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. 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.

Sylvia Trigo

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: PANORAMAH AMERICA LLC

DOS ID Number: 4733238

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING
Date of Initial Filing with DOS: 03/27/2015

Statement Status: CURRENT Statement Due Date: 03/31/2025

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 March 06, 2024 at 09:23 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Heylan

By Brendan C. Hughes

**Executive Deputy Secretary of State** 

Authentication Number: 100005318248 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>



November 3, 2023

SYLVIA TRIGO 260 NEWTOWN ROAD PLAINVIEW, NY 11803 US

SUBJECT: PANORAMAH AMERICA LLC

Ref. Number: W23000150028

We have received your document for PANORAMAH AMERICA LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Corey Pettway Regulatory Specialist II

RECEIVED

Letter Number: 523A00025597

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