

Ms1000003621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

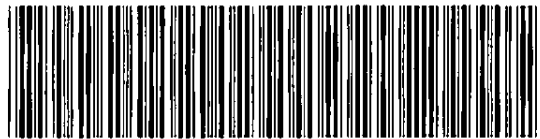
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAR 21 10:10:30

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2024 MAR -5 PM 3:23
CLERK OF STATE
TALLAHASSEE, FL

T. LEMIEUX

MAR 21 2024

MS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADA TRADING 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:

YISRAEL GABAY

Name of Person

ADA TRADING LLC

Firm/Company

7284 W PALMETTO PARK RD, STE 206

Address

BOCA RATON, FL 33433

City/State and Zip Code

ygabay08@gmail.com

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

For further information concerning this matter, please call:

GABRIEL WISE

773

269-6513

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

**+ \$15 PROCESING FEE FOR RETURNED
CHECKED - TOTAL \$140.00**

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

IN COMPLIANCE WITH SECTION 050002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ADA TRADING 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 JERSEY 3. 83-2495521
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605 0904 & 605 0905, F.S. to determine penalty liability)

5. 7284 W PALMETTO PARK RD 6. 7284 W PALMETTO PARK RD
(Street Address of Principal Office) (Mailing Address)

STE 206 STE 206

BOCA RATON, FL 33433 BOCA RATON, FL 33433

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

Name: YISRAEL GABAY

Office Address: 7284 W PALMETTO PARK RD, STE 206

BOCA RATON 33433
(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.

X

[Signature]
(Registered agent's signature)

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CLERK OF STATE

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: YISRAEL GABAY

☒ Member Address: 7284 W PALMETTO PARK RD

☐ Authorized STE 206

BOCA RATON, FL 33433

Person

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: DANA ZION

☒ Member Address: 7284 W PALMETTO PARK RD

☐ Authorized STE 206

BOCA RATON, FL 33433

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person


☐ 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.

X



Signature of an authorized person
YISRAEL GABAY

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

**ADA TRADING LLC
0450322711**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on November 12, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**YISRAEL GABAY
18 IVY HILL ROAD
LAKEWOOD, NJ 08701**

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on February 27, 2024.

MEMBER

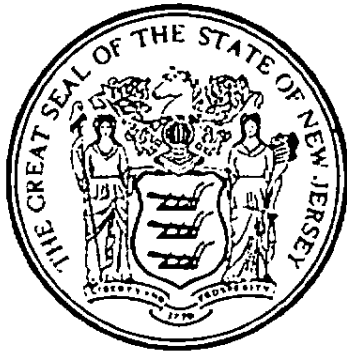
**YISRAEL GABAY
7284 W PALMETTO PARK
STE 206
BOCA RATON, FL 33433**

MEMBER

**DANA ZION
7284 W PALMETTO PARK
STE 206
BOCA RATON, FL 33433**

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

ADA TRADING LLC
0450322711



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
27th day of February, 2024*

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 2788441455

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Form 2 / Formulário 2

CLIENT DUE DILIGENCE / DILIGÊNCIA PRÉVIA DO CLIENTE

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FORM 2 IS APPLICABLE AND MUST BE COMPLETED WHENEVER THE AMOUNTS/FUNDS TO BE USED DO NOT COME FROM A BANK ACCOUNT HELD BY THE MAIN APPLICANT / O FORMULÁRIO 2 É APLICÁVEL E DEVE SER PREENCHIDO SEMPRE QUE OS MONTANTES/FUNDOS A UTILIZAR NÃO PROVENHAM DE CONTA BANCÁRIA TITULADA PELO REQUERENTE

1. MAIN APPLICANT / REQUERENTE

3.10 Occupation (business activities) / Ocupação (atividades profissionais)

1.1 Full name / Nome completo

3.11 Identification of the main business company, address and website / Identificação da empresa principal, morada e website

1.2 Date of birth / Data de nascimento

2. THIRD PARTY REMITTER / TERCEIRO REMETENTE

For this purpose, third party remitters are considered to be all those who are not the Main Applicant and who remit or are the holders, in whole or in part, of the funds to be used.

This form must be filled in with information regarding that person(s) and/or company(ies) or similar entity(ies) and signed by the entity(ies) identified. / Para este efeito consideram-se terceiros remetentes todos aqueles que não sejam o requerente e que transfiram ou sejam titulares, total ou parcialmente, dos fundos a utilizar. Este formulário deve ser preenchido com informação relativa a pessoa(s), ou pessoa(s) e/ou empresa(s) ou entidade(s) equiparada(s) e assinado pela(s), pessoa(s) ou entidade(s) identificada(s).

3.12 Are you a Politically Exposed Person (PEP)? / É uma pessoa politicamente exposta (PEPE)?

☐ No / Não ☐ Yes / Sim

3. IF THE HOLDER OF THE FUNDS IS A NATURAL PERSON / SE O TITULAR DOS FUNDOS FOR UMA PESSOA SINGULAR

Are you a close associate of a Politically exposed Person (PEP)? / É um associado próximo de alguma Pessoa Politicamente Exposta (PEPE)?

☐ No / Não ☐ Yes / Sim

3.1 First Name / Nome

3.12.1 If so, please identify the Politically Exposed Person (PEP) and the nature of the relationship / Em caso afirmativo identifique a Pessoa Politicamente Exposta (PEPE) e a natureza da relação

3.2 Surname / Sobrenome

3.3 Maiden Name (if applicable) / Nome de solteira (se aplicável)

3.4 Citizenship(s) / Cidadania(s)

3.13 Do you have a family relationship with a Politically Exposed Person (PEP)? / Tem uma relação familiar com alguma Pessoa Politicamente Exposta (PEPE)?

☐ No / Não ☐ Yes / Sim

3.5 Place of birth / Local de nascimento

3.6 Date of birth / Data de nascimento

3.13.1 If so, please identify the Politically Exposed Person (PEP) and the nature of the relationship / Em caso afirmativo identifique a Pessoa Politicamente Exposta (PEPE) e a natureza da relação

3.7 Permanent residential address / Endereço da residência habitual

PEPs are defined, by the Financial Action Task Force as persons who are or have been entrusted with a prominent function by an international organisation refers to members of senior management, i.e., directors, deputy directors and members of the board or equivalent functions.

Should you have any doubts whether you qualify as PEP, please mark "yes" for further verification / Os PEPEs são definidos pelo Grupo de Trabalho da Ação Financeira como indivíduos que estão ou estiverem envolvidos de uma forma ou outra por uma organização internacional, designadamente membros de administração, de conselho, diretores, diretores adjuntos e membros do conselho ou funções equivalentes. Em caso de dúvida relativamente a qual qualificar-se como PEPE, marque "sim" para posterior verificação.

3.8 Tax Residence / Residência fiscal

3.9 Tax Numbers / Números de identificação fiscal

If the information to be entered does not fit in this form, please refer to the additional information page at the end of the document, numerically identify the issue to which the information relates and reproduce it there, in the same terms as requested in the form. / Se a informação não couber neste formulário, por favor referir-se a página de informação adicional no final do documento, identifique numericamente a questão relativamente à qual a informação se refere e reproduza-a ali, nos mesmos termos que solicitados no formulário.



4.B) PERSONAL INFORMATION / INFORMAÇÕES PESSOAIS:

Please complete the sections below and provide the requested information on all partners, shareholders, directors, managers, authorized signatories, and ultimate beneficial owners of the company. / Por favor, as seções abaixo a fornecer as informações solicitadas sobre todos os parceiros, acionistas, diretores, gerentes, signatários autorizados e beneficiários efetivos da empresa.

[illegible]

☐ Tick here if additional Principals are involved in the business, in which case please provide the additional information in the same order on a separate sheet to be attached to this Form 2. / Marque aquí si otros Principales están involucrados en el negocio, en cuyo caso proporcione la información de los Principales adicionales en orden y por separado en una hoja sujeta a este Formulario 2.

If the information to be entered does not fit in this form, please refer to the additional information page at the end of the document, numerically identify the issue to which the information relates and reproduce it there, in the same terms as requested in the form. *Se la informazione da inserire non può essere inserita nel presente modulo, si prega di riferirsi alla pagina di informazioni supplementari in fondo al presente documento, identificare numericamente la questione a cui si riferisce l'informazione e riprodurla lì, nello stesso modo in cui è richiesta nel presente modulo.*

Initialize here / Registrar aqui

Form 2 / Formulário 2

CLIENT DUE DILIGENCE / DILIGÊNCIA PRÉVIA DO CLIENTE



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ADDITIONAL INFORMATION | INFORMAÇÕES ADICIONAIS

Question Number / Questão Número	Additional information / Informações adicionais
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**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
ANNUAL REPORT CERTIFICATE**

ADA TRADING LLC
0450322711

The Division of Revenue and Enterprise Services hereby affirms that the following annual report for ADA TRADING LLC was submitted on 02/27/2024 for the year: 2023

Registered Agent and Office

YISRAEL GABAY
18 IVY HILL ROAD
LAKEWOOD, NJ 08701

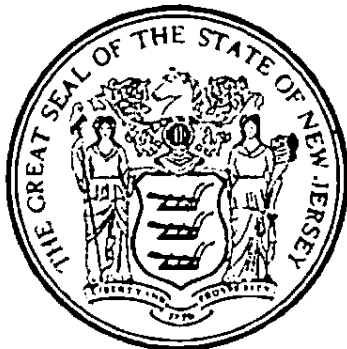
Main Business Address

7284 W PALMETTO PARK RD
STE 206
BOCA RATON, FL 33433

Officers and Directors

MEMBER
YISRAEL GABAY
7284 W PALMETTO PARK
STE 206
BOCA RATON, FL 33433

MEMBER
DANA ZION
7284 W PALMETTO PARK
STE 206
BOCA RATON, FL 33433



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal, this
27th day of February, 2024*

Elizabeth Maher Muoio

Certificate Number : 2788441377
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Elizabeth Maher Muoio
State Treasurer