

MA4000004037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

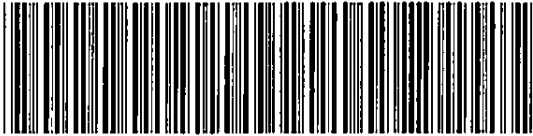
(Business Entity Name)

(Document Number)

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2024 MAR 19 PM 12:28
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T. LEMIEUX
MAR 28 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAKK TWO 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:

MING-CHING LEE
Name of Person

JAKK TWO LLC
Firm/Company

138-35 ELDER AVE. APT. 2A
Address

FLUSHING, NY 11355
City/State and Zip Code

mcyclee@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MING CHING LEE at (646) 339-4728
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. JAKK TWO LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

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

2. NEW YORK
(Jurisdiction under the law of which foreign limited liability company is organized)

3. EIN - 85-3263053
(EIN number, if applicable)

4. JAN. 12. 2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 138-35, ELDER AVE. APT. 2A
(Street Address of Principal Office)

6. 138-35, ELDER AVE. APT. 2A
(Mailing Address)

FLUSHING, NY 11355

FLUSHING, NY 11355

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

Name: AMANDA WARNICK, STERLING REAL ESTATE GROUP, LLC.

Office Address: 801. S. OLIVE AVE. # 114

WEST PALM BEACH, Florida 33401
(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)

2024 MAR 19 11:28

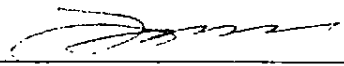
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>MING CHING LEE</u> | <input type="checkbox"/> Manager | Name: <u>JOHN C. LEE</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>138-35 ELDER AVE. ^{APT. 2A}</u> <u>FLUSHING, NY 11355</u> | <input checked="" type="checkbox"/> Member | Address: <u>34 PARK WEST</u> |
| <input checked="" type="checkbox"/> Authorized Person | _____ | <input checked="" type="checkbox"/> Authorized Person | <u>NEW HYDE PARK, NY 10440</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | _____ | <input type="checkbox"/> Authorized Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | _____ | <input type="checkbox"/> Authorized 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 s.817.155, F.S.



 Signature of an authorized person

MING CHING LEE

 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: JAKK TWO LLC
DOS ID Number: 5847960
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 09/30/2020
Statement Status: CURRENT
Statement Due Date: 09/30/2026

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION
Date of Filing: 09/30/2020
Entity Name: JAKK TWO LLC

Document Type: CERTIFICATE OF PUBLICATION
Date of Filing: 05/13/2021

Document Type: BIENNIAL STATEMENT
Date of Filing: 03/08/2024

ONLINE FILING RECEIPT

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ENTITY NAME: JAKK TWO LLC

DOCUMENT TYPE: ARTICLES OF ORGANIZATION (DOM. LLC)

COUNTY: QUEE

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FILED:09/30/2020 DURATION:***** CASH#:200930010683 FILE#:200930010683
DOS ID:5847960

FILER:

EXIST DATE

MING J LEE
49-07 KISSENA BOULEVARD
FLUSHING, NY 11355

09/30/2020

ADDRESS FOR PROCESS:

THE LLC
138-35 ELDER AVENUE, 2A
FLUSHING, NY 11355

REGISTERED AGENT:



The limited liability company is required to file a Biennial Statement with the Department of State every two years pursuant to Limited Liability Company Law Section 301. Notification that the Biennial Statement is due will only be made via email. Please go to www.email.ebiennial.dos.ny.gov to provide an email address to receive an email notification when the Biennial Statement is due.

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SERVICE COMPANY: ** NO SERVICE COMPANY **
SERVICE CODE: 00

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|----------------|--------|----------|--------|
| FEE: | 210.00 | PAYMENTS | 210.00 |
| FILING: | 200.00 | CHARGE | 210.00 |
| TAX: | 0.00 | DRAWDOWN | 0.00 |
| PLAIN COPY: | 0.00 | | |
| CERT COPY: | 10.00 | | |
| CERT OF EXIST: | 0.00 | | |

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DOS-1025 (04/2007)

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