Florida Department of State Division of Corporations Florida Department of State Division of Corporations Electrodic Filing Gover Sheet it

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : USACORP INC. Account Number : 120130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

#Editor the email address for this business entity to be used for future containing the email address please.**

billing@brookliv.com

billing@brookliv.com

CBST FPRTT ATT DEPART STATUT DIVISION STEELER TALL PRESSEELER

Foreign Limited Liability Company Brookliv LLC

Certificate of Status	0
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04/11/2024 · 09:44. From:17184082550 To:18506176383 Date Time 04/11/24 09:44AM Pages: 4 P: 2/4

(((H24000132387 3)))

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:

(Name of Foreign Limited Liability Co. (If name unavailable, enter alternate name adopted for the pur		y Company," "L. L.C.," or "LLC.")			
(If name unavailable, enter alternate name adopted for the put	pose of transacting business in Fkirida. The				
•		alternate name must include "Limited Liabilit	iy Company," "L.1	. C," or "L	.C.")
NEW YORK					
2. (Jurisdiction under the law of which foreign limited hab	ofity company is organized)	(FEI number, if	applicable)		
.1					
(Date first transact (See vections 605	ted business in Florida, if prior to registration 1904 & 605,0905, F.S. to determine penalty	i) liability)			
1193 ATLANTIC AVE		1193 ATLANTIC AVE			
5. (Street Address of Principal Office)		(Mailing Address)		2	
BROOKLYN, NY 11216		BROOKLYN, NY 11216	ارب رب	2024 화유	£ 4
				50 50	
				PH	
7. Name and street address of Florida regis	stered agent: (P.O. Box NOT)	acceptable)			
			· 	(.)	
Ahron Vogel			• 7	Ç.	
Name:		.			
7064 Northwes	t 49th Street				
Office Address:					
Lauderhill		33319 Florida			
	(City)	, Florida (Zip code)			
Registered agent's acceptance:					
Having been named as registered agent at	nd to accept service of process	for the above stated limited liab	ility compan	y at the	place
designated in this application, I hereby ac to comply with the provisions of all statute	cept the appointment as registe we relative to the proper and co	ered agent and agree to act in ti mulate performance of my dutic	his capacity.	I furth Inmilia	er agree with
and accept the obligations of my position (mpiere perjormance of my audi	: 01 010 1 1111	,	,,,,,,,
	/s/ Ahron Vogel				
	(Registered agent's signature)		_		

(((H24000132387 3)))

manage (up to six (6	manage [up to six (6) total]:							
Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:				
□Manager	Name: Ari Weber	□Manager	Name:					
■Member	Address: 1193 ATLANTIC AVE	□Member	Address:					
□Authorized	BROOKLYN, NY 11216	□Authorized	·					
Person		Person						
Other	Other	□Other	<u>.</u>	□Other				
□Manager	Name:	□Manager	Name					
Ū		· ·						
□Member	Address:	□Member	Address:					
□Authorized		□Authorized						
Person		Person						
□Other	Other	□Other		Other				
□Manager	Name:	□Manager	Name:					
□Member	Address:	□Member	Address:					
□Authorized		□Authorized						
Person		Person						
□Other	Other	□Other	<u> </u>	□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.								
	/s/ Ari Weber							

Signature of an authorized person

Lyped or printed name of signee

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Ari Weber

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:

BROOKLIV LLC

DOS 1D Number:

4735940

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

04/01/2015

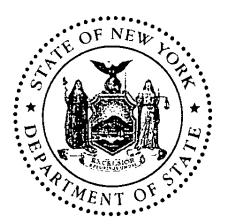
Statement Status:

CURRENT

Statement Due Date:

04/30/2025

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 April 11, 2024 at 09:10 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

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