

9/20/24, 9:50 AM

Division of Corporations

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Florida Department of State
Division of Corporations
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H240003206353ABCZ

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FILE IT USA INC.
Account Number : I20190000121
Phone : (718)925-2025
Fax Number : (718)925-2027

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: service@fileitusa.com

Foreign Limited Liability Company

Ed and Co. New York LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP 20 PM 4:38

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Corporate Filing Menu

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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. Ed and Co. New York 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3.
(FBI 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. 16710 NE 9th Ave. Apt 410
(Street Address of Principal Office)

6. 16710 NE 9th Ave. Apt 410
(Mailing Address)

N Miami, FL 33162
N Miami, FL 33162

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

Name: Esther Halberstam

Office Address: 16710 NE 9th Ave. Apt 410

N Miami, Florida 33162
(City) (Zip code)

2024 SEP 20 PM 4:38

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.

/s/ Esther Halberstam
(Registered agent's signature)

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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 type="checkbox"/> Manager	Name: Esther Halberstam	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 16710 NE 9th Ave, Apt 410	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	N Miami, FL 33162	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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.

/s/ Esther Halberstam

Signature of an authorized person

Esther Halberstam

Typed or printed name of signer

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**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

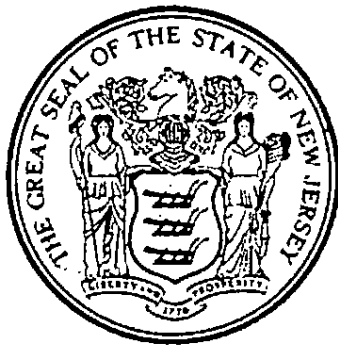
**ED AND CO. NEW YORK LLC
0450404692**

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 August 01, 2019.

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:

*ESTHER HALBERSTAM
1220 MONMOUTH AVE
LAKEWOOD, NJ 08701*



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
19th day of September, 2024*

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 2836114852

Verify this certificate online at

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

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FAX COVER SHEET

To: FLORIDA SOS

From: MONSERRATE

Company: I-INCORPORATE

Date: September 20, 2024 10:07

Fax Number: 18506176381

Pages (Including cover): 3

Re: DAG KASOOM INC

Notes:

PLEASE FIND REVISED FORM
THANK YOU