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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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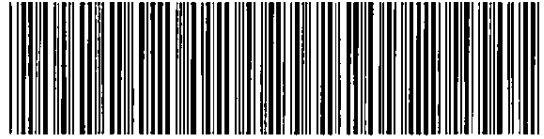
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

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185 BEACON PROPERTIES, LLC.

November 8, 2024

To: Florida Department of State, Division of Corporations

Re: 185 Beacon Properties, LLC Application by Foreign Limited Liability Company  
for Authorization to Transact Business in Florida

To Whom it May Concern,

Attached please find our Application, Certificate of Good Standing and Payment  
for the fees to register 185 Beacon Properties, LLC to do business in Florida.

If anything else is needed or there are any questions please contact me via email  
at [terry@oneteamway.com](mailto:terry@oneteamway.com) or via phone at 845-672-9343.

Sincerely,  
Terry Bott  
Property Manager for 185 Beacon Properties, LLC

96 Team USA Way  
Port Jervis NY 12771

PHONE (845) 672-9343  
FAX (845) 672-9344

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 185 Beacon Properties, 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:

Steven Karvellas

\_\_\_\_\_  
Name of Person

185 Beacon Properties, LLC

\_\_\_\_\_  
Firm/Company

96 Team USA Way

\_\_\_\_\_  
Address

Port Jervis NY 12771

\_\_\_\_\_  
City/State and Zip Code

terry@oncteamway.com

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

For further information concerning this matter, please call:

Terry Bott

845

672-9343

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

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. 185 Beacon Properties, 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 26-4342031  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. October 22, 2024  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 96 Team USA Way 96 Team USA Way  
(Street Address of Principal Office) (Mailing Address)  
Port Jervis NY 12771 Port Jervis NY 12771

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

Name: Incorp Services, Inc.  
Office Address: 3458 Lakeshore Drive  
Tallahassee 32312  
(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.

 Melanie Galero on behalf of InCorp Services, Inc.  
(Registered agent's signature)

FILED  
2024 NOV 12 AM 11:01  
TALLAHASSEE, FL  
SECRETARY 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: Steven J Karvellas

☐ Member Address: 96 Team USA Way

☐ Authorized Port Jervis NY 12771

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Dawn Lavin

☐ Member Address: 96 Team USA Way

☒ Authorized Port Jervis NY 12771

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Joy Fowler

☐ Member Address: 96 Team USA Way

☒ Authorized Port Jervis NY 12771

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Terry Bott

☐ Member Address: 96 Team USA Way

☒ Authorized Port Jervis NY 12771

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.

  
\_\_\_\_\_  
Signature of an authorized person

Steven Karvellas  
\_\_\_\_\_  
Typed or printed name of signee

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

**185 BEACON PROPERTIES LLC**

0400273387

*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 February 25, 2009.*

*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:*

INCORP SERVICES INC  
208 WEST STATE STREET  
TRENTON, NJ 08608-1002

*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 January 11, 2024.*

MANAGER

STEVEN J KARVELLAS

96 TEAM USA WAY

PORT JERVIS, NY 12771



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

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6157525850

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)