

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**M2400015911**

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To:

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

From:

Account Name : FILE RIGHT LLC  
Account Number : 120170000091  
Phone : (718)878-5811  
Fax Number : (718)732-4590

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

Email Address: \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company  
4722 WESCONNETT OWNER LLC**

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

SECRET  
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24 DEC 18 PM 12:48  
DIVISION OF CORPORATIONS

EDM

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 4722 WESCONNETT OWNER 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:

Name of Person  
FILE RIGHT LLC  
Firm/Company  
1425 37TH STREET SUITE 201  
Address  
BROOKLYN, NY 11218  
City/State and Zip Code  
sales@fileacorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK 718 878-5811  
Name of Contact Person at (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 609.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 4722 WESCONNETT OWNER LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. DELAWARE  
(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. 438 CENTRAL AVE 2ND FLOOR  
(Street Address of Principal Office)

6. 438 CENTRAL AVE 2ND FLOOR  
(Mailing Address)

CEDARHURST, NY 11516

CEDARHURST, NY 11516

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

Name: FILE RIGHT RA SERVICES LLC

Office Address: 625 E TWIGGS ST, STE 110

TAMPA, Florida 33602  
(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.

/s/ Mark Fuchs  
(Registered agent's signature)

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DIVISION OF CORPORATIONS  
24 DEC 18 PM 12:48

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>ADRIAN HAAS</u>	<input checked="" type="checkbox"/> Manager	Name: <u>MICHAEL HAAS</u>
<input type="checkbox"/> Member	Address: <u>438 CENTRAL AVE 2ND FLC</u>	<input type="checkbox"/> Member	Address: <u>438 CENTRAL AVE 2ND FLC</u>
<input type="checkbox"/> Authorized	<u>CEDARHURST, NY 11516</u>	<input type="checkbox"/> Authorized	<u>CEDARHURST, NY 11516</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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/ ADRIAN HAAS

Signature of an authorized person

ADRIAN HAAS

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "4722 WESCONNETT OWNER LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "4722 WESCONNETT OWNER LLC" WAS FORMED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



10039110 8300

SR# 20244539030

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 205175487

Date: 12-18-24