Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000416120 3)))



H2400041612034BCU

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILE RIGHT LLC Account Number : 120170000091 : (718)878-5811 Phone Fax Number : (718)732-4580

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

Email Address:_

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

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H24000416120.3

To:

COVER LETTER

2024-12-18 20.53:20 GMT

	Registration Section Division of Corporations	
SUBJEC	4722 WESCONNETT OWNER LLC	
		ne of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please re	nurn 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 b	be used for future annual report notification)
For furth	ner information concerning this matter, please co	all:
	MARK	718 878-5811
	Name of Contact Person	at ()
Mailing Address: Registration Section		Street Address: Registration Section
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	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 DE \$125.00 biting bee \$\sigma \$130.00 biting be Certificate	ce & 🔻 🗇 \$155.00 Filing Fee & 💛 \$160.00 Filing Fee, Certificate

From: Mark Fuchs

H24000416120/3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

2024-12-18 20:53:20 GMT

IN COMPLANCE WITH SECTION 608002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED DABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 4722 WESCONNETT OWNER LLC (Name of Foreign Limited Liability Company; must include "Limited Enability Company," "L.L.C.," or "L.L.C.") (I) name annualable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "United Liability Company," "I. L.C." or "I. C."." DELAWARE (birisdiction under the law of which foreign limited liability company is organized) Thme first transacted business in Florida, if prior to registration () (See sections 605 0904 & 605,0905; F.S. to determine penalty hability) 438 CENTRAL AVE 2ND FLOOR 438 CENTRAL AVE 2ND FLOOR (Mailing Address) (Street Address of Principal Office) CEDARHURST, NY 11516 CEDARHURST, NY 11516 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) FILE RIGHT RA SERVICES LLC Name: 625 E TWIGGS ST, STF 110 Office Address: TAMPA 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)

• Paga: 5 of 6

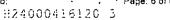
8.	For initial indexing purposes,	list names, i	title or capacity	and addresses	of the primary	members/man	agers or pers	ons authorized	l to
ma	mage [up to six (6) total]:								

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: ADRIAN HAAS	■Manager	Name: MICHAEL HAAS
□Member	Address: 438 CENTRAL AVE 2ND FLC	□Member	Address: 438 CENTRAL AVE 2ND FLC
□Authorized	CFDARHURST, NY 11516	□Authorized	CEDARHURST, NY 11516
Person		Person	
Other	□Other	□Other	
□Manager	Name:	⊟Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□ Authorized	
Person		Person	
Other	Other	□Other	
□Manager	Name:	⊟Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	UOther	LJOther	□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/ ADRIAN HAAS	
Signature of an authorized person	
ADRIAN HAAS	
 Typed or printed name of signee	





Page 1

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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

Authentication: 205175487

Date: 12-18-24