

M2500000 1450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

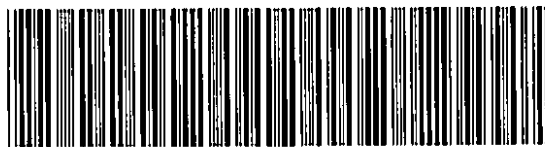
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W25-9194

Office Use Only



300443263923

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 JAN 24 AM 8:55

RECEIVED
2025 JAN 24 PM 3:22
ST. PAUL, MN



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2025

SUNSHINE

SUBJECT: CADILLACSTAR LLC
Ref. Number: W25000009194

CORRECTED
Please Allow For
Same File Date

We have received your document for CADILLACSTAR LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The active registered agent needs to be listed and signed in section 7.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call .

Emani D Manning
Regulatory Specialist II

Letter Number: 725A00001824

RECEIVED
2025 JAN 30 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 01/24/2025

****WALK IN****

ENTITY NAME Cadillacstar LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125.00

ACCOUNT #: 120160000072

S. R. J. W.

Please call Tina at the above number for any issues or concerns. Thank you so much!

Weisman & Margolies, P.A.

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. CADILLACSTAR 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. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FID number, if applicable)

1/22/2025

4.

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

667 MADISON AVENUE, 5TH FLOOR

5. (Street Address of Principal Office)

NEW YORK, NY 10065

667 MADISON AVENUE, 5TH FLOOR

6. (Mailing Address)

NEW YORK, NY 10065

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

Name:

Weisman & Margolies, P.A.

Office Address:

120 E. Palmetto Park Rd. #210

BOCA RATON

(City)

Florida

33432

(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.

(Registered agent's signature)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 JAN 26 AM 8:55

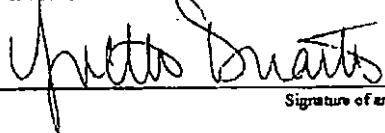
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>DAVID EDELSTEIN</u>	<input checked="" type="checkbox"/> Manager	Name: <u>YVETTE DUARTE</u>
<input checked="" type="checkbox"/> Member	Address: <u>667 MADISON AVENUE</u>	<input type="checkbox"/> Member	Address: <u>667 MADISON AVENUE</u>
<input type="checkbox"/> Authorized	<u>5TH FLOOR</u>	<input type="checkbox"/> Authorized	<u>5TH FLOOR</u>
Person	<u>NEW YORK, NY 10065</u>	Person	<u>NEW YORK, NY 10065</u>
<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.



Signature of an authorized person

YVETTE DUARTE

Typed or printed name of signer

Delaware

The First State

Page 1

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CADILLACSTAR 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 TWENTY-THIRD DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CADILLACSTAR LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2022.

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



A handwritten signature in black ink, appearing to read "Christopher E. Knight", is written over a horizontal line.

Christopher E. Knight, Acting Secretary of State

Authentication: 202766142

Date: 01-23-25

7107299 8300

SR# 20250235934

You may verify this certificate online at corp.delaware.gov/authver.shtml