Florida Department of State Division of Corporations

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Email Address:_

RLOPS@PARASEC.COM

Foreign Limited Liability Company 6654 Selfridge Realty LLC

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Help

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

name wavailable, enter alternate t	same adopted for the purpose of transacting business in Florida.	The allegeste name must include "Limited 1	inbility Company," "L.I.C," o	r"LL.C.")
NY	hich foreign limited liability company is organized)	3. 45-5202222	ber, (fapplicable)	
(105.900 cm and desired, the fight of A	and to the immediation of the second			
05/05/2012	And Annual Control of Manager Control of Property	(DOR.)		
	Date first transacted business in Florida, if prior to regular (Son sections 605.0904 & 605.0905, F.S. to determine pen	alty liability)		
128 Rivendell Ct.		6. 128 Rivendell Ct. (Mailing Address)		-
res Address of Principal Office)		(Mailing Address)		
Molville, NY 11747		Melville, NY 11747		
		m	2 S FE	-7
Name and street addres	is of Florida registered agent; (P.O. Box NO	1_acceptable)	EB 24	FARMES Grantes
			355 	
Name:	Rocket Lawyer Corporate Services LLC			
	155 OFFICE PLAZA DRIVE, 1ST FLOOR	,	AM 2: 2. Y OF STAT (SSEE, FL	<u> </u>
Office Address:	155 014 (3.17.47.47.47.47.47.47.47.47.47.47.47.47.47		, E	
	Tallahassee	, Florida 32301		
	(City)	(Zip code)		

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): Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Jason Gold Name: □ Manager Address: **⊠**Member Address: (r) Member 128 Rivendell Ct. □ Authorized □ Authorized Mclville, NY 11747 Person Person Other____ □Other_____ □Other _____ □ Other_____ Namc: Name: _____ Manager □Manager Address: **Mcmber** Address: Member 1 □ Authorized □ Authorized Person Person □Other_____ □Other____ Other____ ☐ Other □Manager Name: Name: □Мападег **■**Member Address: Address: **⊠**Member ☐ Authorized □ Authorized Person Person COther____ ☐ Other... ☐ Other □Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Jason Gold

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: 6654 SELFRIDGE REALTY LLC

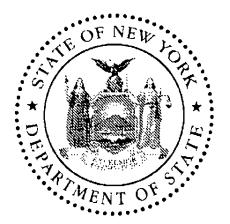
DOS ID Number: 4212006

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING
Date of Initial Filing with DOS: 03/05/2012

Statement Status: CURRENT Statement Due Date: 03/31/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 24, 2025 at 12:57 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C Hughan

BRENDAN C. HUGHES Executive Deputy Secretary of State

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