

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : FILE RIGHT LLC
Account Number : I20170000091
Phone : (718)878-5811
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
6593 POWERS OWNER LLC**

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

2025 JUL 30 AM 11:33

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 6593 POWERS OWNER LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

FILE RIGHT LLC

Firm/Company

5314 16TH AVENUE SUITE 139

Address

BROOKLYN, NY 11204

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:

Sara

718

878-5811

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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. 6593 POWERS OWNER 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.
(FEI 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 FL 2ND
(Street Address of Principal Office)

6. 438 CENTRAL AVE FL 2ND
(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 33602
(City) , Florida (Zip code)

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MAR 10 2025

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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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>
☒ Manager	Name: <u>ADRIAN HAAS</u>	☐ Manager	Name: _____
☐ Member	Address: <u>438 CENTRAL AVE FL 2ND</u>	☐ Member	Address: _____
☐ Authorized	<u>CEDARHURST, NY 11516</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☒ Manager	 Name: <u>MICHAEL HAAS</u>	 ☐ Manager	 Name: _____
☐ Member	Address: <u>438 CENTRAL AVE FL 2ND</u>	☐ Member	Address: _____
☐ Authorized	<u>CEDARHURST, NY 11516</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	 Name: _____	 ☐ Manager	 Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ 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.

/s/ Adian Haas

Signature of an authorized person

ADRIAN HAAS

Typed or printed name of signee

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Delaware

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I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "6593 POWERS 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 TWENTY-THIRD DAY OF JULY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "6593 POWERS OWNER LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JULY, A.D. 2025.

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



10269176 8300

SR# 20253447668

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

A handwritten signature in black ink, reading "C. P. Sanchez", is written over a horizontal line.

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204275505

Date: 07-23-25