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(((H25000266293 3)))



H250002662933ABC2

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

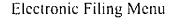
Account Name : FILE RIGHT LLC
Account Number : 120170000091
Phone : (718)878-5811
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## Foreign Limited Liability Company 6593 POWERS OWNER LLC

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





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2025-07-30 14:42:34 GMT

17187959036

From: Mark Fuchs

## **COVER LETTER**

	New Filing Section Division of Corporations	
SUBJEC	6593 POWERS OWNER LLC	
SUBJEC		nited Liability Company
The enclo	osed Articles of Organization and fee(s) ar	e submitted for filing.
Please ret	turn all correspondence concerning this ma	atter to the following:
		Name of Person
	FILE RIGHT LLC	
		Firm/Company
	5314 16TH AVENUE SUITE 139	
		Address
	BROOKLYN, NY 11204	
	C sales@fileacorp.com	ity/State and Zip Code
		for future annual report notification)
For further	information concerning this matter, please	e call:
	Sara	718 878-5811
		rea Code Daytime Telephone Number
Enclosed i	is a check for the following amount:	
S125.00 F		S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) 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

To: . Page 4 of 6 2025-07-30 14.42:34 GMT 17187959036 From: Mark Fuchs

H25000266293 3

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

IN COMPILANCE 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:

DELAWARE  2. (Durisdiction under the law of which fereign limited liability compared for the law of which fereign limited liability compared for the first transacted busines (See sections 605 0904 & 60 438 CENTRAL AVE FL 2ND 5.)  Street Address of Principal Office)	iny is organized)  vin Florida, if prior to registratio 5,0905, F.S. to determine penalty	(FEI nu n.) liability)	inber, if applicable)	
(Pute first transacted busines (See sections 605 0904 & 60 438 CENTRAL AVE FL 2ND			inber, if applicable)	
438 CENTRAL AVE FL 2ND	vin Florida, if prior to registratio 5.0905, F.S. to determine penalty	s.) liability)		
438 CENTRAL AVE FL 2ND	vin Florida, if prior to registratio 5,0905, F.S. to determine penalty	s.) liability)		
438 CENTRAL AVE FL 2ND	5.0505, r.s. to betermine penany	(laginty)		
		438 CENTRAL AVE FL	2ND	
	6.	(Mailing Address)		<del></del>
		•		
CEDARHURST, NY 11516		CEDARHURST, NY 115		
	<del></del>			
. Name and <u>street address</u> of Florida registered a	gent: (P.O. Box <u>NOT</u>	acceptable)	: -	202
				<u>=</u>
FILE RIGHT RA SER	VICES LLC		: -	JUL 30
Name:		<del></del>		6 6
625 F. TWIGGS ST, S' Office Address:	TE 110			E □
		22402	·	<del></del>
TAMPA		33602		ယ ယ
**************************************	(City)	, Florida(Zm code)		رب

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

From, Mark Fuchs

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]:

Title or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
■Manager	Name: ADRIAN HAAS	□Manager	Name:	
□Member	Address: 438 CENTRAL AVE FL 2ND	□Member	Address:	
□Authorized	CEDARHURST, NY 11516	□Authorized		
Person		Person		
Other	□Other	□Other	<del></del>	□Other
■Manager	Name: MICHAEL HAAS	□Manager	Name:	
□Member	Address: 438 CENTRAL AVE FL 2ND	□Member		
□Authorized	CEDARHURST, NY 11516	□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	



Page 1

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

C. G. Sanchez

Charuni Petibanda-Sanchez, Secretary of State
Authentication: 204275505

Date: 07-23-25