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Foreign Limited Liability Company  
LONCH M.Y.L.S. LLC

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LONCH M.Y.L.S. 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. NEW YORK (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

4. OCTOBER 15, 2012 (Date first transacted business in Florida, if prior to registration; (see sections 603.004 & 603.005, F.S., to determine periods liability)

5. 1250 E. HALLANDALE BEACH BLVD (Street Address of Principal Office) SUITE: 607 HALLANDALE BEACH, FL 33009 6. 1250 E. HALLANDALE BEACH BLVD (Mailing Address) SUITE: 607 HALLANDALE BEACH, FL 33009

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Jeffrey Dumay Office Address: 1250 E. HALLANDALE BEACH BLVD., STE 607 HALLANDALE BEACH, Florida 33009 (City) (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.

Jeffrey Dumay (Registered agent's signature)

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: Jeffrey Dumay	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1250 E. Hallandale Beach Blv	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Site: 607 Hallandale Beach, FL 33009	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: DAVE LAGUERRE	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1250 E. Hallandale Beach Blvd	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Site: 607 Hallandale Beach, FL 33009	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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.817.135, F.S.

*Jeffrey Dumay*

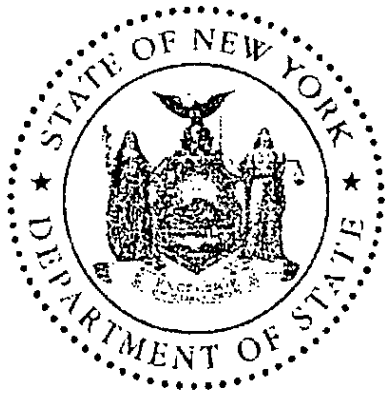
Signature of an authorized person

Jeffrey Dumay

Type or printed name of signer

# State of New York Department of State } ss:

I hereby certify, that LONCH M.Y.L.S. LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/15/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 15th day of January  
two thousand and twenty-one.*

A handwritten signature in cursive script that reads "Brendan C. Hughes".

Brendan C. Hughes  
Executive Deputy Secretary of State

01  
15  
20  
21