

M240000001621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

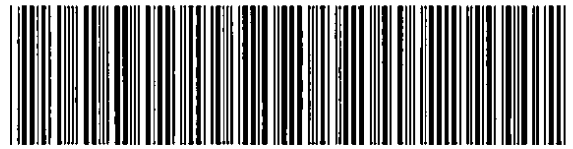
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-169202

11/30
vab

Office Use Only



500418723135

02/09/24--0100--002 \$125.00

FILED
2024 FEB -9 PM 3:58
SECRETARY OF STATE
TAMM HALL, 1001



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2023

ALEKA MAZARAKIS
68 SE 6TH ST #1406
MIAMI, FL 33131 US

SUBJECT: MAZARAKIS CONSULTING LLC
Ref. Number: W23000169202

We have received your document for MAZARAKIS CONSULTING LLC .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

The money in your account is insufficient to cover the cost of filing this document.
Please send additional money to cover this particular filing and other filings you
wish to process.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 223A00029139

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mazarakis Consulting LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Aleka Mazarakis

Name of Person

Mazarakis Consulting LLC

Firm/Company

68 SE 6th St #1406

Address

Miami, FL 33131

City/State and Zip Code

AlekaMazarakisCPA@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aleka Mazarakis

917

8412460

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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. Mazarakis Consulting 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. 40-0016314
(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. 68 SE 6th St #1406
(Street Address of Principal Office)

6. 68 SE 6th St #1406
(Mailing Address)

Miami, FL 33131

Miami, FL 33131

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

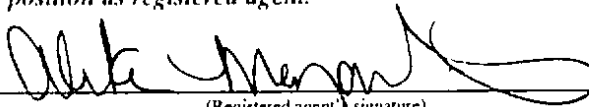
Name: Aleka Mazarakis

Office Address: 68 SE 6th St #1406

Miami, Florida 33131
(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.


(Registered agent's signature)

FILED
2024 FEB -9 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FL

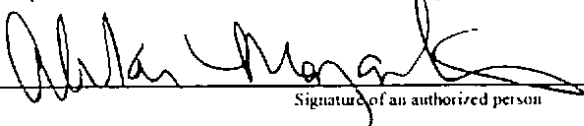
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: Aleka Mazarakis	☐ Manager	Name: _____
☒ Member	Address: 68 SE 6th St #1406	☐ Member	Address: _____
☐ Authorized	Miami, FL 33131	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ 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.



Signature of an authorized person

Aleka Mazarakis

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be file 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 th certificate, the following entity information is reflected:

Entity Name:	MAZARAKIS CONSULTING LLC
DOS ID Number:	5083767
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	02/10/2017
Statement Status:	CURRENT
Statement Due Date:	02/28/2023

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 November 10, 2023 at 11:23 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State