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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

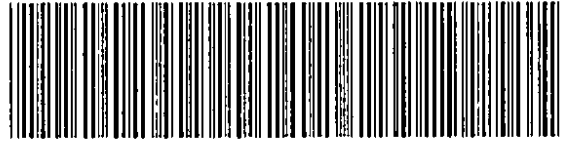
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUN -4 AM 11:07
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SEP 1 2020

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elegele 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:

Tari Elegele
Name of Person

Elegele LLC
Firm/Company

11856 Balboa Blvd #777
Address

Granada Hills CA 91344
City/State and Zip Code

Love@TariElegele.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tari Elegele at 404 293-9077
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 605.0912, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Elegele 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. California United States
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-1493709
(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. 11856 Balboa Blvd #77
(Street Address of Principal Office)

6. 11856 Balboa Blvd
(Mailing Address)

Grenada Hills CA 91344 #77 Grenada Hills
CA 91344

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

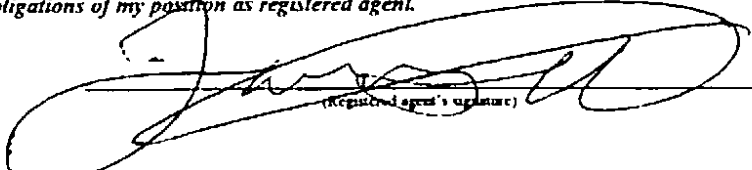
Name: Taki Elegele

Office Address: 1105 Church Street

Melbourne, Florida 32901
(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)

2020 JUN -4 AM 11:06

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JUN 4 11:00 AM '03
 2003 JUN 4 11:00 AM '03

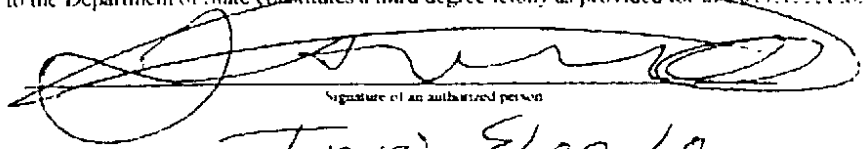
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<input checked="" type="checkbox"/> Manager	Name: <u>Tari Elegele</u>	<input type="checkbox"/> Manager	Name: <u>Trinity Elegele</u>
<input type="checkbox"/> Member	Address: <u>1108 Church St</u>	<input type="checkbox"/> Member	Address: <u>1108 Church St</u>
<input type="checkbox"/> Authorized Person	<u>Melbourne Fl 32901</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Melbourne Fl 32901</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Kari Elegele</u>	<input type="checkbox"/> Manager	Name: <u>Ebi Yambraugh</u>
<input type="checkbox"/> Member	Address: <u>1108 Church Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>1108 Church</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Melbourne Fl 32901</u>	<input type="checkbox"/> Authorized Person	<u>Street Melbourne</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Zuoye Elegele</u>	<input type="checkbox"/> Manager	Name: <u>Telsia Teece</u>
<input checked="" type="checkbox"/> Member	Address: <u>1346 Plumgrass</u>	<input checked="" type="checkbox"/> Member	Address: <u>1012 1012 ^{Shadow} Street</u>
<input type="checkbox"/> Authorized Person	<u>Circle</u>	<input type="checkbox"/> Authorized Person	<u>Leaf Ct, Orlando</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
	<u>DCore Fl 32761</u>		<u>Fl 32825</u>

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
Tari Elegele
 Typed or printed name of signer

32901-724-

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: ELEGELE LLC

FILE NUMBER: 201802910360
FORMATION DATE: 01/12/2018
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

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



IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day of
May 23, 2020.

ALEX PADILLA
Secretary of State

CMH