

MA1000009862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

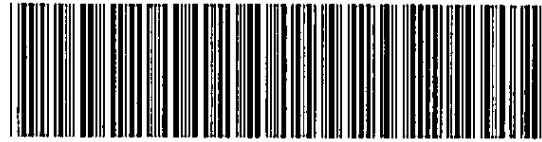
(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL 27 AM 11:12
CLERK OF STATE
TALLAHASSEE, FL

SA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2021

SHALLA ASHFAQ
4304 MYRTLEWOOD CIR E
PALM BEACH GARDENS, FL 33418

SUBJECT: 786 ISA
Ref. Number: W21000105377

We have received your document for 786 ISA and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

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

Suzanne Hawkes
Regulatory II

Letter Number: 721A00017469



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2021

SHALLA ASHFAQ
4304 MYRTLEWOOD CIR E
PALM BEACH GARDENS, FL 33418

SUBJECT: 786 ISA LLC
Ref. Number: W21000084621

We have received your document for 786 ISA LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Suzanne Hawkes
Regulatory II

Letter Number: 421A00012854

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 786 ISA 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:

SHALLA ASHFAQ

Name of Person

Firm/Company

4304 MYRTLEWOOD CIR E

Address

PALM BEACH GARDENS FL 33418

City/State and Zip Code

SHALLA_A@HOTMAIL.COM

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

For further information concerning this matter, please call:

SHALLA ASHFAQ

Name of Contact Person

at (917) 821-9200

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

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. 786 ISA 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. 4/22/2021 DE
(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. 4304 MYRTLEWOOD CIR E
(Street Address of Principal Office)

6. 4304 MYRTLEWOOD CIR E
(Mailing Address)

PALM BEACH GARDENS

PALM BEACH GARDENS

FL 33418

FL 33418

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

Name: SHALLA ASHFAQ

Office Address: 4304 MYRTLEWOOD CIR E

PALM BEACH GARDENS, Florida 33418
(City) (Zip code)

FILED
2021 JUL 27 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Shalla Ashfaq
(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]:

Title or Capacity: Manager Member Authorized Person Other _____

Name and Address: Name: SHALLA ASHFAQ
Address: 4304 MYRTLEWOOD
CIR E PALM BEACH GARDENS
FL 33418

Title or Capacity: Manager Member Authorized Person Other _____

Name and Address: Name: UMAR S. ASHFAQ
Address: 145 HIDDEN HOLLOW TERR
PALM BEACH GARDENS
FL 33418

Manager Member Authorized Person Other _____

Name and Address: Name: SOHAIL ASHFAQ
Address: 145 HIDDEN HOLLOW TERR
PALM BEACH GARDENS
FL 33418

Manager Member Authorized Person Other _____

Name and Address: Name: AMNA ASHFAQ
Address: 145 HIDDEN HOLLOW TERR
PALM BEACH GARDENS
FL 33418

Manager Member Authorized Person Other _____

Name and Address: Name: AHMED S. ASHFAQ
Address: 145 HIDDEN HOLLOW TERR
PALM BEACH GARDENS
FL 33418

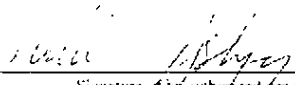
Manager Member Authorized Person Other _____

Name and Address: Name: _____
Address: _____

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

SHALLA ASHFAQ

Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "786 ISA 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 NINETH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "786 ISA LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF APRIL, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

5864930 8300

SR# 20211883722

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

Authentication: 203239859

Date: 07-09-21



**786
ISA LLC**

7/2/2021

To whom it may concern

I shalla Ashfaq, president of 786 ISA LLC do not plan to file a revocation of dissolution, and would like to release the name for use. Document Number: L21000256043 786 ISA LLC, was filed today 06/07/2021, and that the entity does not plan to file a Revocation of Dissolution

Sincerely,

786 ISA LLC
SHALLA ASHAFQ
PRESIDENT