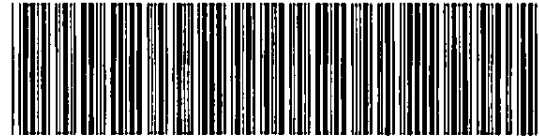


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

09/09/22 --01021--004 **87.50

08/25/22--01028--014 **73.50

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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NOV 03 2022

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANP Akamai 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:

Alexandra N. Pena
Name of Person
ANP Akamai LLC
Firm/Company
5651 Kenwood Ave
Address
New Port Richey, FL 34652
City/State and Zip Code
alex@anpakamai.com
E-mail address: (to be used for future annual report notification)

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2022 NOV -3 PM 1:11
SECRETARY OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Alexandra N. Pena at (808) 358-7408
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. ANP Akamai 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. Hawaii (Jurisdiction under the law of which foreign limited liability company is organized)
3. 83-3651553 (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. 5651 Kenwood Ave (Street Address of Principal Office)
6. 5651 Kenwood Ave (Mailing Address)
New Port Richey, FL 34652 New Port Richey, FL 34652

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

Name: Alexandra N. Pena
Office Address: 5651 Kenwood Ave
New Port Richey, Florida 34652
(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)

OFFICE OF STATE REGISTRATION

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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:**

Manager Name: Alexandra N. Pena

Member Address: 5651 Kenwood Ave.

Authorized New Port Richey, FL 34652

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

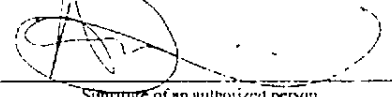
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 NOTARY PUBLICS
 TALLAHASSEE, FLORIDA

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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

Alexandra Noel Pena

 Typed or printed name of signer



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

ANP AKAMAI LLC

was organized under the laws of the State of Hawaii on 02/05/2019 ; that it is an existing limited liability company in good standing and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: October 03, 2022

Catherine P. Owa: Coltr

Director of Commerce and Consumer Affairs



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2022

ALEXANDRA N PENA
5651 KENWOOD AVE
NEW PORT RICHEY, FL 34652

SUBJECT: ANP AKAMAI DESIGN AND STAGING, LLC
Ref. Number: W22000083761

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

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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

Mel Solomon
Senior Section Administrator

Letter Number: 222A00022230

RECEIVED
NOV 03 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2022

ALEXANDRA N PENA
5651 KENWOOD AVE
NEW PORT RICHEY, FL 34652

SUBJECT: ANP AKAMAI DESIGN AND STAGING, LLC
Ref. Number: W22000083761

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

~~Pursuant to section 607.1502(4), 617.1502(4) or 605-0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$450.00.~~

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.

Mel Solomon
Senior Section Administrator

Letter Number: 722A00019110



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2022

ALEXANDRA N PENA
5651 KENWOOD AVE
NEW PORT RICHEY, FL 34652

SUBJECT: ANP AKAMAI DESIGN AND STAGING, LLC
Ref. Number: W22000083761

We have received your document for ANP AKAMAI DESIGN AND STAGING, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Consina Griffin-Greaux
Regulatory Specialist II

Letter Number: 022A00013876