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COVER LETTER

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TO:

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end Existen	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of ce, 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:
	Paul Itsede
	Name of Person
	It Sede Enterprises LLC Firm/Company
	1804 Terrabrooke Ct
	Brentwood / TN / 37027 City/State and Zip Code
	City/State and Zip Code
	Pit Se de 6 yahoo Com E-mail address (to be used for future annual report notification)
C C	
ror tur	her information concerning this matter, please call:
	Paul Itsede at 615 904-5531 Name of Contact Person Area Code Daytime Telephone Number
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{c} \Begin{array}{c} \Delta \text{130.00 Filing Fee & } \Begin{array}{c} \Delta \text{155.00 Filing Fee & } \Begin{array}{c} \Delta \text{160.00 Filing Fee, Certificate } \text{Certificate of Status} \text{ Certified Copy} \text{ of Status & Certified Copy} \t

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

	ION 605.0902, FLORIDA STATUTES, THE F INESS INTHE STATE OF FLORIDA:	FOLLOWING IS SUF	MITTED TO REGISTER A F	OREIGN LIMITED LIABILIT
1. Ttsed	le Enter pri ses imited Liability Company: must include "Limit	LLC led Liability Company.	""L.L.C" or "LEC.")	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ace Electricy Company	and the Beet y	
If name unavailable, enter alternate na	me adopted for the purpose of transacting business in	Florida. The alternate nan	se must include "Limited Liability C	ompany," "L.L.C," or "LLC,")
2. Tenness (Jurisdiction under the law of whi	ch foreign limited liability company is organized)	3	(FEI number, if ap	nlicable)
4	5/26/2022			
_	(Date first transacted business in Florida, if prior t (See sections 605.0904 & 605.0905, F.S. to deteri			
5. 1804 Terra	brooke Ct	6. <u>180</u>	4 Terrabrook	(e (+
Brentwood, T	N 37027		Itwood, TN	i
			 - <u> </u>	· · · · · · · · · · · · · · · · · · ·
7. Name and street address	of Florida registered agent: (P.O. Bo	x NOT acceptable	•1	
	The second of th	K <u>//OT</u> ucco//mo//	-,	<u> </u>
Name:	Mikki Lawrence	<u>د</u>		ζ.
Office Address:	11114 Lake Tah	we Drive	_	
	Riverview	1	Florida 33569	
Danistand agains's account			(Zap code)	
designated in this applicati to comply with the provisio	ince: istered agent and to accept service of on, I hereby accept the appointment on of all statutes relative to the prope of my position as registered agent.	as registered agen	t and agree to act in this	capacity. I further agree
-	(Registered agent)	Sawren (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: Name and Address: Title or Capacity: Name and Address: Name: Kaul Itsele Name Nicole Itse de □ Manager □ Manager Address: 1804 Terrabrooke C+ Address: 1804 Temabrooke C+ **Member** Member. Brentwood, TN 37027 Brentwood, TN 37027 ☐ Authorized ☐ Authorized Person Person □Other_____ □Other_ □Other_____ □Other____ Name: _____ □Manager □Manager Name: _____ □Member Address: _____ Address: _____ □Member ☐ Authorized □ Authorized Person Person □Other _____ □ Other Other □Other □Manager Name: _____ Name: _____ □Manager □ Member Address: □Member Address: □ Authorized ☐ Authorized Person Person □Other____ □Other □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Lyped or printed name of signee



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

PAUL ITSEDE 1804 TERRABROOKE CT BRENTWOOD, TN 37027 November 9, 2022

Request Type: Certificate of Existence/Authorization

Issuance Date: 11/09/2022

Request #:

0502873

Copies Requested:

Document Receipt

Receipt #: 007594954

Filing Fee:

\$20.00

Payment-Account - #100029 PAUL ITSEDE, BRENTWOOD, TN

\$20.00

Regarding:

Itsede Enterprises LLC

Filing Type:

Limited Liability Company - Domestic

Control #:

1249408

Status:

Formation/Qualification Date: 10/22/2021

Date Formed:

10/25/2021

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County: WILLIAMSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Itsede Enterprises LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of ' incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Alex Maxfield

Verification #: 057136420