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tember programme to the contraction of the contract

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036 Phone : (407)843-4600 Fax Number : (786)901-8020

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## Foreign Limited Liability Company **AEA SERVICES FL LLC**

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Help

## 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

DELAWARE  (Activities under the law of wind th	which foreign limited liability company is organized?	3. (FEI number, (Familice			
•	visch foreign limited liability company is organized)	TEFT number (Lednica			
upon filing of th		to - managed to addition	e(e)		
	(Date line impleated durings in Finish, if prior to m (See sections 605.0904 & 605.0905, F.S. to determine	eskurijon) 10 pensky liability)			
5855 VINTAGE OAKS CIRCLE		5855 VINTAGE OAKS CIRCLE			
treet Address of Principal Office)		6. (Mailing Address)			
DELRAY BEACH, FL	LORIDA 33484	DELRAY BEACH, FLORIDA 3348	DELRAY BEACH, FLORIDA 33484		
Name and street address	sa of Florida registered agent: (P.O. Box	NOT acceptable)	202		
	sa of Florida registered agent: (P.O. Box ALLAN ABRAMS	NOT acceptable)	2077		
Name and street address Name;	ALLAN ABRAMS	NOT acceptable)	2077		
		NOT acceptable)	ZE::. i.: t.		
Name;.	ALLAN ABRAMS	NOT acceptable)  33484	2022 i.i. b.: fir		

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:  Name: ALLAN ABRAMS	Title or Canacity:	Name and Address:  JOSHUA ABRAMS  Name:
□Member	Address: 5855 VINTAGE OAKS CIR	□Member	Address: 5855 VINTAGE OAKS CIR
□ Authorized	DELRAY BEACH, FLORIDA 33484	☐ Authorized	DELRAY BEACH, FLORIDA 33484
Person		Person	
Other	Other	□ Other	□Other
□Manager	Name:	□ Manager	Name;
□Member	Address:	□Member	Address:
□Authorized		☐ Authorized	
Person		Person	
□ Other	Other	Other	□ Other
□Manager	Name;	□Малаger	Name:
∃Member	Address:	☐ Member	Address:
□Authorized		□Authorized	,
Person		Регвоп	
□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 Fiorida 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 Statutos. 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.

Bignesser of an industried person

ALLAN ABRAMS

Allan Abhama



I, JEFFREY N. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AEA SERVICES LLC" IS DULY FORMED UNDER

THE LANS 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 THIRTEENTH DAY OF MARCH, A.D. 2023.

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

Authentication: 202902602

Date: 03-13-23