Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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

Œmail Address:_

Foreign Limited Liability Company C&D ORIGINALZ LLC

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8/14/2023 12 56:02 PDT ·

To: 13506176383

Page: 2/4

From Registered Agents Inc.

Fax: 8134365206

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

IN COMPLIANCE WITH SECTION \$15,000, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limite table to the purpose of transacting business in Fl			ty Commany.""t.	-l. C." or "!	.LC.")
Oklahoma	•	1				
	high foreign limited hability company is organized;	<u></u>	(FEI number, i	applicable)	- "	•
	(Date first transacted business in Florida, if orior to	reessminii)	- 	_		
	(Date bist transacted business in Florida, if prior to (See sections 605 10004 & 605 0005; F.S. to determine	ine penalty haisility)				
1600 W D	₆ 1600 W	1600 W Durham Ct				
reet Address of Principal Office)		(Mailing A	(dress)			
Broken Arro	ow, OK 74011	Broken A	Arrow, OK 7	4011		
Name and street address	<u>s</u> of Florida registered agent: (P.O. Box	NOT acceptable)		• •	2i	•
				7.1°	2023 AUG 14	
	Registered Agents Inc			_	AUG	,
Name:	- Togistorea rigorito irro				=	
Office Address:	7901 4th St N STE 300			•		į
	St. Petersburg	. Flori	_{da} 33702		VH 10: C	
	(City)		(Zip crde)		02	

Registered agent's acceptance:

. C&D ORIGINALZ LLC

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)

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 Capacit	<u>V:</u>	Name and Address:
□Manager	Name: Darryl Aquino	□Manager	Name:	
X Member	Address:	□Member	Address:	
□Authorized	7901 4th St N STE 300	□Authorized		
Person	St. Petersburg, FL 33702	Person		
□Other	Other	□Other		□ Other
□Manager	Nume:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		☐ Authorized		
Person	.,,	Person		
□Other	ClOther	□Other		□ Other
⊔Manager	Name:	∐Manager	Name:	
□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. 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.

19 1 -	A Comment of the Comm
Relation	pronage
	Signature of an authorized person
Robin Jones	s

3/14/2023 12.56:02 PDT: To 18506176383 Page: 4/4 From Registered Agents Inc Fax: 8134365206

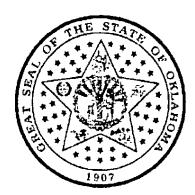
OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I. THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I cm, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>C&D ORIGINALZ LLC</u> whose registered agent is <u>DARRYL DELASERNA AQUINO</u>, with its registered office at <u>1600 W DURHAM CT BROKEN ARROW 74011 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>14th</u>, day of <u>August</u>, 2023.

Secretary Of State

Powin Brogin