

M23000014676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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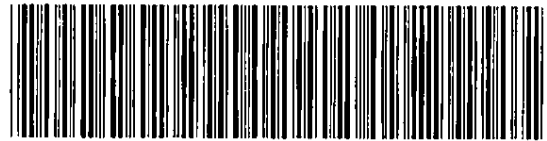
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/07/23--01027--004 **155.00

2023 NOV -7 AM 9:44

11-7-23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMOY INTERNATIONAL, 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:

MELISSA SHANAHAN

Name of Person

AMOY INTERNATIONAL, LLC

Firm/Company

2005 RAYMER AVE UNIT H

Address

FULLERTON, CA 92833

City/State and Zip Code

melissa@amoyline.com

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

For further information concerning this matter, please call:

MELISSA SHANAHAN

626

855 3077

at (_____) _____

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. AMOY INTERNATIONAL, 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. CALIFORNIA 3. 20-1078013
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 2005 RAYMER AVE UNIT H 6. 2005 RAYMER AVE UNIT H
(Street Address of Principal Office) (Mailing Address)
FLLERTON
CA 92833 CA92833

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

Name: MELISSA SHANAHAN
Office Address: 15548 COUNTY RD 455
MONTVERDE, Florida 34756
(City) (Zip code)

2023 NOV - 7 AM 9:44

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)

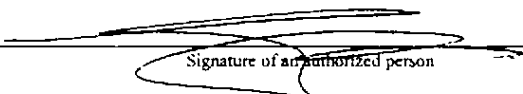
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	MELISSA SHANAHAN		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	15548 COUNTY RD 455		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		MONTVERDE, FL 34756		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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.



Signature of an authorized person

MELISSA SHANAHAN

Typed or printed name of signee



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: AMOY INTERNATIONAL, LLC
Entity No.: 200412610018
Registration Date: 05/05/2004
Entity Type: Limited Liability Company - CA
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 26, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 154513317



2005 Raymer Ave Unit H Fullerton CA 92833

773 S. Kirkman Rd Suite 101-I Orlando FL 32811

LAX: (626) 855-3077 ORL: 407-470-1877 sales@amoyline.com

Registration Section

Division of Corporations

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

October 26, 2023

Business Name Release

Name of LLC: Amoy International, LLC

Document #: L23000349081

I dissolved above LLC. And I have no intention to reinstate it.

I am releasing above name to be used for another filing.

Registered Agent

Melissa Shanahan

15548 Country Rd 455

Melissa Shanahan

ONLINE NOTARIZATION JURAT ATTACHMENT

The Florida Notary Public completing this attachment verifies the identity of the individual(s) who signed the document to which this certificate is attached and accepted the sworn statement of the individual(s) who signed the document.

OPTIONAL INFORMATION

Description of the document:

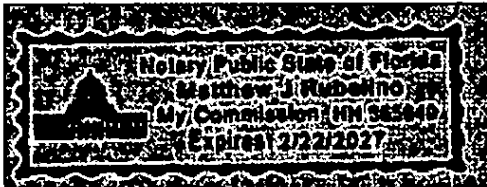
Title: Business Name Release
Number of Pages 2 (including attachment)
Additional Notes: _____

JURAT

For an individual acting in his or her own right:

STATE OF FLORIDA
COUNTY OF Palm beach

Sworn to or affirmed and subscribed before me by means of ☐ physical presence
or ☒ online notarization, this 30th day of october 2023, ~~2022~~, by
Melissa Shanahan ☐ who is personally known to me or ☐ who has
produced driver license as identification.



[Notary Seal]

Matthew Rubolino

Florida Notary Public Signature

Matthew Rubolino
Name (printed, typed or stamped)