## H 1900000533

	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UF	P WAIT	MAIL MAIL	
	(Business Entity Name)	i	
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions	to Filing Officer		
орсска пописнова	, to rining Officer.		
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Office Use Only



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FILED 2019 MAY 20 PH 3: 24

T GLASS



P.O. Box 6327

Tallahassee, FL 32314

☑ \$125.00 Filing Fee

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$130,00 Filing Fee &

Certificate of Status

, 1621 HOLDINGS, LĻC

Name of	Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Com Existence, and check are submitted to register the above refer		
Please return all correspondence concerning this matter to the	e following:	
Michelle Cardwell		
	Name of Person	
1621 HOLDINGS, L	LLC	
	Firm/Company	
3818 Antibes Ln		
	Address	
Houston, TX 77082		
City	State and Zip Code	20
mic.cardwell@gmail	l.com 변문	7.019 MAY
E-mail address: (to be use	ed for future annual report notification)	T 2 平 2 平 2 平 2 平 2 平 2 平 2 平 2 平 2 平 2
For further information concerning this matter, please call:		
Michelle Cardwell	281 796-6020	PH 3:
Name of Contact Person	Area Code Daytime Telephone Number	214
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations	
Registration Section	Registration Section	

Clifton Building

□ \$155.00 Filing Fee &

Certified Copy

2661 Executive Center Circle Tallahassee, FL 32301

\$160,00 Filing Fee, Certificate

of Status & Certified Copy

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

сомранутоткаваство <sub>L</sub> 1621 HOLDING	TION 605,0902, FLORIDA STATUTEN TI ISINENS INTTIE STATE OF FLORIDA BS, LLC			FOREGN TIMI	TT-I) (IABIIJI
(Name of Foreign	Limited Liability Company; must include "I	amited Liability Company," "	L.L.C.," or "LLC")		-
Nevada	ame adopted for the purpose of transacting business	in Florida. The alternate name mus.	st include "Limited Liability ( (TEI mamber, if		r TLLC "1
(Junydiction under the law of wh	nich foreign limited hability company is organized		(FEI number, if	applicable,	
ł	(Date first transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to c	nor to registration ) leterinine penalty liability)		_	
3818 Antib		<sub>6.</sub> 3818	Antibes I	Ln	
(Street Address of F		Ноис	(Mailing Address)	7082	
Houston, 1	<u> </u>	11005	ton, TX 7	7002	<del></del>
·					
7. Name and street addres	s of Florida registered agent: (P.O.	Box NOT acceptable)		119 MAY 20	AF.
Name:	Registered Age	nts Inc.		20 PH	0377 0347 4035
Office Address:	7901 4th St N S	STE 300		. 25 . 35 . 35	73
	St. Petersburg	Flo	orida 33702	_	
designated in this applica to comply with the provisi	•	nt as registered agent a oper and complete perfe	ve stated limited liab and agree to act in ti	his capacity. I j	further agre
	(Registered a	gent's signature)		<del>_</del>	

Title or Capacity:	Name and Address: Name: Michelle Cardwell	Title or Capacity:	., Gre	Name and Address: eg Cardwell	
✓ Manager	Address: 3818 Antibes Ln	_ Manager		818 Antibes Ln	_
Member	Houston, TX 77082	_ Member		TX 77082	
Authorized	11000011, 17. 17002	_ Authorized		-	—
Person		_ Person			
Other	Other	Other		Other	
□Manager	Name:	Manager	Name:		
Member	Address:	_ Member			
Authorized		_ Authorized			
Person		_ Person			
Other	Other	Other		Other 23	
					1
☐Manager	Name;	Manager	Name:	-: <del>-</del>	<u> </u>
□Member	Address:	☐ Member	Address:		CC 
Authorized		Authorized		့ ယူ	<u></u>
Person		Person		25	
Other	Other	Other		Other	
indexed individuals  9. Attached is a certi	se an attachment to report more than six (may be added to the index when filing you ficate of existence, no more than 90 days a law of which it is organized. (If the cert the submitted)	dr Florida Department of State old, duly authenticated by the	Annual Repo	ort form.  g custody of records in the	า
	executed in accordance with section 605 nent to the Department of State constitutes				
	Mi chille C	arriver			
		manure of an authorized person	<del>*</del>	<del></del>	

Typed or printed name of signee

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **1621 HOLDINGS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 12, 2019, and is in good standing in this state.



Electronic Certificate
Certificate Number: C20190515-1621

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 15, 2019.

Barbara K. Cegavske
Secretary of State

FILED