# F23000003733

~	(Requestor's Name)
	(Āddress)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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SECRETARY OF STATE

### **COVER LETTER**

~	tration Section ion of Corporations		
SUBJECT:	SHAHIDA PARIDES LLC		
	Name o	f corporation -	must include suffix
Dear Sir or M	adam:		
"Certificate o		of Good Stand	authorization to Transact Business in Florida." ing" and check are submitted to register the s in Florida.
Please return .	all correspondence concernir	ig this matter t	o the following:
Monica Perez			
		Name of P	erson
		Firm/Comp	any
751 NE 193RI	) ST		
		Addres	s
MIAMI/FL/33	179		
		City/State an	d Zip code
sales@shahida	<u> </u>		
	E-mail address:	(to be used fo	r future annual report notification)
For further in	formation concerning this ma	itter, please ca	II:
Monica Perez		786 at (	294-1375
Nam	e of Person	Area Code	Daytime Telephone Number
Regis Divis The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	check for the following amore teck payable to: FLORIDA DE ing Fee	PARTMENT (Fee & -	OF STATE  \$78.75 Filing Fee &  Certified Copy  Certified Copy  Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

"Inc.," "Co" "C	orporation: must include "INCORPORATE orp." "Inc." "Co." or "Corp.")	D. COMPANY, "CORPORATION,	
01			
	RIDES MIAMI LLC		
(If name unavail	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Florida)	
2. AZ		80-0893474 3.	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 04/08/2013		5. Perpetual	
(Date	of incorporation)	(Date of duration, if other than perpoulal)	
6			TING TO SERVE
(7.15.N. (2V	(SEE SECTIONS 607.1501 & 607.	s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	
7 0545 N. Catalina	Ave, TUCSON, AZ 85718, USA		
·			
	(Principal o	ffice street address)	· [3
			\&
		ffice street address)  ling address, if different)	. 10
	(Current mai	ling address. if different)	. 10
	(Current mai et address of Florida registered agent: (P	ling address. if different)	. 10
	(Current mai	ling address. if different)	. 10
8. Name and stree	(Current mai et address of Florida registered agent: (P	ling address. if different)	. 10
8. Name and <u>stree</u> Name:	(Current mai et address of Florida registered agent: (Pagent Monica Perezato 1751 NE 193RD ST	ling address. if different)  2.0. Box NOT acceptable)	. 18
8. Name and <u>stree</u> Name:	(Current mai et address of Florida registered agent: (P Monica Perez 751 NE 193RD ST MIAMI	ling address. if different)  P.O. Box NOT acceptable) , Florida FL	. 18
8. Name and <u>stree</u> Name: Office Address:	(Current mai et address of Florida registered agent: (Pagentica Perezagent Perezagent) (City)	ling address. if different)  2.0. Box NOT acceptable)	. 18
8. Name and stree Name: Office Address:  9. Registered age Having been nam designated in this further agree to co	(Current mai et address of Florida registered agent: (P Monica Perez  751 NE 193RD ST  MIAMI  (City) ent's acceptance: eed as registered agent and to accept ser application, I hereby accept the appoin omply with the provisions of all statutes	ling address. if different)  P.O. Box NOT acceptable) , Florida FL (Zip code)  Evice of process for the above stated corporation at the place timent as registered agent and agree to act in this capacity is relative to the proper and complete performance of my discontinuous contraction.	y. I
8. Name and stree Name: Office Address:  9. Registered age Having been nam designated in this further agree to co	(Current mai  et address of Florida registered agent: (P  Monica Perez  751 NE 193RD ST  MIAMI  (City)  ent's acceptance:  ed as registered agent and to accept ser application, I hereby accept the appoin	ling address. if different)  P.O. Box NOT acceptable) , Florida FL (Zip code)  Evice of process for the above stated corporation at the place timent as registered agent and agree to act in this capacity is relative to the proper and complete performance of my discontinuous contraction.	y. I
8. Name and stree Name: Office Address:  9. Registered age Having been nam designated in this further agree to co	(Current mai et address of Florida registered agent: (P Monica Perez  751 NE 193RD ST  MIAMI  (City) ent's acceptance: eed as registered agent and to accept ser application, I hereby accept the appoin omply with the provisions of all statutes	ling address. if different)  P.O. Box NOT acceptable) , Florida FL (Zip code)  Evice of process for the above stated corporation at the place timent as registered agent and agree to act in this capacity is relative to the proper and complete performance of my discontinuous contraction.	y. I
8. Name and stree Name: Office Address:  9. Registered age Having been nam designated in this further agree to co	(Current mai et address of Florida registered agent: (P Monica Perez  751 NE 193RD ST  MIAMI  (City) ent's acceptance: eed as registered agent and to accept ser application, I hereby accept the appoin omply with the provisions of all statutes	ling address. if different)  P.O. Box NOT acceptable) , Florida FL (Zip code)  Evice of process for the above stated corporation at the place timent as registered agent and agree to act in this capacity is relative to the proper and complete performance of my discontinuous contraction.	y. I

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

#### A. DIRECTORS Shahida Clayton Chairman ☐ Chairman Name: \_\_\_\_\_ 6545 N. Catalina Ave. ☐ Vice Chairman Address: □ Vice Chairman Address: □ Director Director □ President □ President Tucson, AZ 85718 □Vice President □Vice President ☐ Secretary □Treasurer ☐ Secretary □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: Edward Andrew Clayton □ Chairman □Chairman Name: 6545 N. Catalina Ave □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director □ President □President Tucson, AZ 85718 ☐Vice President ☐ Vice President ☐Secretary ☐ Treasurer ☐ Secretary ☐Treasurer Manager **■**Other □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐ Chairman Name: □ Chairman Name: \_\_\_\_\_ ☐ Vice Chairman Address: □Vice Chairman Address: \_\_\_\_ □Director □ Director □ President □ President □Vice President □ Vice President □ Secretary ☐Treasurer □ Secretary □ Treasurer □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. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Shahida Clayton, Chairman

(Typed or printed name and capacity of person signing application)





# STATE OF ARIZONA



### Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

1, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

### SHAHIDA PARIDES LLC

ACC file number: L18377188

was incorporated under the laws of the State of Arizona on 04/08/2013, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. I have hereunto set my hand, affixed the official seal of the Arizonal Corporation Commission, and issued this Certificate on this date: 06/14/2023

Douglas R. Clark, Executive Director

Magle R.Clark



