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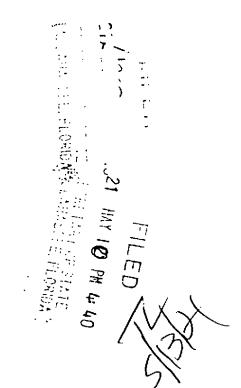
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	COVER	LETTER,	194
TO: Registration Section Division of Corporations			
SUBJECT: Angry 8, LLC.			
Na Na	me of corporati	on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate above referenced foreign corporation	cate of Good St	anding" and check are sub	
Please return all correspondence conc	erning this mat	ter to the following:	
Jerome R. Pearring Jr			
	Name (	of Person	
Angry 8, LLC.			
	Firm/Co	ompany	***
170 Bonaventure Blvd., #106		,	
	Ade	dress	
Weston, FL 33326			
·	City/State	and Zip code	
jerry@angry8.com	- · · • · · - · · · · ·		
-	lress; (to be use	d for future annual report	notification)
For further information concerning th	iic matter inleac	e call:	
To runtile information concerning in	ns matter, preas	c can.	
David Failla	954 at (	658-0770	
Name of Person	Area Co	ode Daytime Teler	phone Number
STREET/COURIER ADDI	RESS:	MAILING A	ADDRESS:
Registration Section		Registration 5	
Division of Corporations The Centre of Tallahassee		Division of C P.O. Box 632	
2415 N. Monroe Street, Suite	810	Tallahassee, l	
Tallahassee, FL 32303			
Enclosed is a check for the following			
Please make check payable to: FLORID.			= 007 00 000
<del>-</del>	Filing Fee & ate of Status	☐ \$78.75 Filing Fee & Certified Copy	■ \$87.50 Fili Certificate
_ <del></del>		- · r -	Certified



May 4, 2021

JEROME R PEARRING JR 170 BONAVENTURE BLVD #106 WESTON, FL 33326

SUBJECT: ANGRY 8, LLC. Ref. Number: W21000060913

We have received your document for ANGRY 8, LLC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 821A00009275

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

DOLL CO. C. DO DOV COOF THE PROPERTY OF THE PR

# 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.

	orporation: must include "INCORPORATE	D." "COMPANY." "CORPORATION."
Inc.," "Co., " "C	'orp." "Inc." "Co." or "Corp.")	
If name unavail	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Florida)
Georgia		
(State or count)	y under the law of which it is incorporated)	3. EEI number, if applicable)
0/15/2016		
(Dati	e of incorporation)	(Date of duration, if other than perpetual)
5/1/2020	, e. manipaninen,	(is the or distance). It dister that perpetually
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
70 Bonaventure	Blvd., #106, Weston, FL 33326	
		ffice street address)
	(Current mail	ling address, if different)
Name and stree	et address of Florida registered agent: (P	.O. Box <u>NOT</u> acceptable)
	et address of Florida registered agent: (P Jerome R. Pearring Jr	.O. Box <u>NOT</u> acceptable)
Name:	Jerome R. Pearring Jr	O. Box NOT acceptable)
Name:	Jerome R. Pearring Jr 170 Bonaventure Blvd., #106	
Name:	Jerome R. Pearring Jr  170 Bonaventure Blvd., #106  Weston	
Name:	Jerome R. Pearring Jr 170 Bonaventure Blvd., #106	
Name: ice Address: Registered ag	Jerome R. Pearring Jr  170 Bonaventure Blvd., #106  Weston  (City)  ent's acceptance:	
Name: ce Address: Registered ag- ving been nam	Jerome R. Pearring Jr  170 Bonaventure Blvd., #106  Weston  (City)  ent's acceptance:  seed as registered agent and to accept ser	. Florida 33326 (Zip code)
Name: ice Address: Registered agring been namignated in this	Jerome R. Pearring Jr  170 Bonaventure Blvd., #106  Weston  (City)  ent's acceptance:  ned as registered agent and to accept ser application, I hereby accept the appoin	. Florida 33326 (Zip code)  vice of process for the above stated corporation at the platement as registered agent and agree to act in this capacit
Name: ice Address; Registered agving been namignated in this ther agree to c	Jerome R. Pearring Jr  170 Bonaventure Blvd., #106  Weston  (City)  ent's acceptance:  ied as registered agent and to accept ser application, I hereby accept the appoint omply with the provisions of all statutes	. Florida 33326  (Zip code)  vice of process for the above stated corporation at the platment as registered agent and agree to act in this capacity relative to the proper and complete performence of my descriptions.
Name: ice Address; Registered agving been nam ignated in this her agree to c	Jerome R. Pearring Jr  170 Bonaventure Blvd., #106  Weston  (City)  ent's acceptance:  ned as registered agent and to accept ser application, I hereby accept the appoin	Florida 33326  (Zip code)  vice of process for the above stated corporation at the platment as registered agent and agree to act in this capacity relative to the proper and complete performence of my design.
Name: ice Address; Registered agving been namignated in this her agree to c	Jerome R. Pearring Jr  170 Bonaventure Blvd., #106  Weston  (City)  ent's acceptance:  ied as registered agent and to accept ser application, I hereby accept the appoint omply with the provisions of all statutes	Florida 33326  (Zip code)  vice of process for the above stated corporation at the platment as registered agent and agree to act in this capacity relative to the proper and complete performence of my design.
Name: ice Address; Registered agving been namignated in this	Jerome R. Pearring Jr  170 Bonaventure Blvd., #106  Weston  (City)  ent's acceptance:  ied as registered agent and to accept ser application, I hereby accept the appoint omply with the provisions of all statutes	Florida 33326  (Zip code)  vice of process for the above stated corporation at the platment as registered agent and agree to act in this capacity relative to the proper and complete performence of my design.

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.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

#### A. DIRECTORS Jerome R. Pearring Jr □ Chairman □ Chairman Name: 170 Bonaventure Blvd., #106 ☐ Vice Chairman Address: □ Vice Chairman Address: Weston, FL 33326 □ Director □ Director President □President □ Vice President □ Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other\_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_\_ □ Chairman □ Chairman □Vice Chairman Address: \_\_ ☐ Vice Chairman Address: □ Director □ Director President □ President □ Vice President □Vice President □ Secretary ☐Treasurer □ Secretary ☐ Treasurer □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 \_\_\_\_\_ ☐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 you 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.

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

Control Number: 16087401

#### STATE OF GEORGIA

### Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

1, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# Angry 8, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 20268851
Date Inc/Auth/Filed: 09/15/2016
Jurisdiction : Georgia
Print Date : 02/17/2021

Form Number : 211



Bul Raffensperger
Brad Raffensperger

Secretary of State