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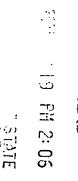
(Requestor's Name)			
<u> </u>			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
10/21-1593-17			

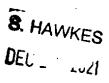
Office Use Only



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12/10/01--01022--02: **67.50







December 15, 2021

SUSAN TOTH 3137 E NORA CIR MESA, AZ 85213

SUBJECT: GO PAPI PROPERTIES, LLC

Ref. Number: W21000159347

We have received your document for GO PAPI PROPERTIES, LLC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

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

Letter Number: 021A00030326

Suzanne Hawkes Regulatory II

www.sunbiz.org

Division of the property of th

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Go Papi Properties, LLC	
	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact business."	nding" and check are submitted to register the
Please return all correspondence concerning this matte	r to the following:
Susan Toth	
Name of	Person
Go Papi Properties, LLC	
Firm/Cor	npany
3137 E Nora Cir	
Addr	ress
Mesa, AZ 85213	
City/State a	and Zip code
tothps@aol.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Susan Toth 809-9796	
Name of Person Area Coc	de Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$70.00 Filing Fee \$ \$78.75 Filing Fee & Certificate of Status	Γ OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy Certificate of Status δ 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.

Go Papi Proper	ties, Limited Liability Corporation		
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORA	TION,"
(If name unavai	lable in Florida, enter alternate corporate name ado	opted for the purpose of trans	sacting business in Florida)
2. Arizona	3 45	-2840765	
(State or count	ry under the law of which it is incorporated)		
4. August 17, 201	<u>1 </u>		
(Date	of incorporation)	(Date of duration, if o	ther than perpetual)
6. June 9, 2007		,	1 1 -7
7 3137 E Nora Cir.	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 Mesa, CA 85213	orida, if prior to registration, F.S., to determine penalty l) iability)
/·	(Principal office g	street address)	
	(Current mailing a	ddress, if different)	<u> </u>
8. Name and street	et address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	
Name:	BZG International c/o Tatiana Cuervo	_	3
Office Address:	40 SW 13th Street, Suite #104		PH 2: 01
	Miami	_ , Florida ³³¹³⁰	777
	(City)	(Zip code)	- w o

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duand I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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

A. DIRECTORS Susan Toth Margaret Justice Name: Chairman Chairman Address: 3137 E Nora Cir 2561 Greencastle Ct ☐ Vice Chairman Address: 7 ☐ Vice Chairman Mesa, CA 85213 Oxnard, CA 93035 Director Director President □ President □ Vice President ■ Vice President □Treasurer □ Secretary ☐Treasurer ☐ Secretary □Other _____ ☐ Other _____ □Other _____ □Other _____ Name: ☐ Chairman Name: Chairman ☐ Vice Chairman Address: □Vice Chairman Address: ☐Director □ Director President ☐ President ☐ Vice President □ Vice President _____ Treasurer ☐ Secretary ☐ Treasurer ☐ Secretary □ Other _____ □Other _____ ☐Other _____ Other _____ Name: _____ ☐ Chairman Name: ☐ Chairman □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 your Florida Department of State Annual Report form. 12. 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 can she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

Susan Toth, President

(Typed or printed name and conscitu of names cigning application)





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

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

GO PAPI PROPERTIES, LLC

ACC file number: L!7005417

was incorporated under the laws of the State of Arizona on 08/12/2011, 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 beleanto set my hand, attived the official scal of the Arizona. Corporation Commission, and issued this Certificate on this date: 12/21/2021

Matthew Neubert, Executive Director



