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(Requestor's Name)		
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BARRKS PROPERTIES LL	c	
	of corporation	- must include suffix
Dear Sir or Madam:		
	of Good Stand	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please return all correspondence concerni	ng this matter	to the following:
Kenneth Horner		
	Name of I	Person
BARRKS Properties LLC		
	Firm/Com	pany
871 40th Ave N		
	Addro	SS
St Petersburg, FL 33703		
	City/State ar	d Zip code
BARRK SProperties@gmail.com	7. A	
E-mail address	: (to be used to	or future annual report notification)
For further information concerning this m	atter, please ca	all:
Kenneth Horner	9()() at (260-4276
Name of Person	Area Code	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 amore Please make check payable to: FLORIDA DE \$70.00 Filing Fee \$78.75 Filing Certificate of	EPARTMENT g Fee &	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	ON,"		
(If name unavails	able in Florida, enter alternate corporate name ac	dopted for the purpose of transact	ting business in Florida)		
NV	3.	92-1163817 3.			
(State or country	y under the law of which it is incorporated)	(FEI number, if	applicable)		
8 Nov 2022	5				
(Date of incorporation)		(Date of duration, if other than perpetual)			
28 Aug 2023					
871 40th Ave N,	(SEE SECTIONS 607.1501 & 607.150 St Petersburg, FL 33703 (Principal office	2, F.S., to determine penalty liab	ility)		
		address, if different)			
Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	201		
Name:	Kenneth Horner		PIL 2023 SEP – SECRETAL TALLAL		
fice Address:	871 40th Ave N		P-5 PH 2: 10 ETARY OF STATE DAHASSEE, FL		
	St Petersburg	, Florida			
	(City)	(Zip code)	N S		
	ent's acceptance: ed as registered agent and to accept service	e of process for the above stat	[] [—		

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)

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 under the law of which it is incorporated.

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Chairman	Name:	Chairman	Name: Rania Shamekh
□ Vice Chairman	Address: 871 40th Ave N, St Petersburg, FL	□ Vice Chairman	Address: 871 40th Ave N, St Petersburg, Fl
□Director		□Director	
□President		□President	
□Vice President		□ Vice President	
□ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	Other
□ Chai rman	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
□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
	Use an attachment to report more than six (6). The attachded to the index when filing your Florida Department	nt of State Annual Re	eport form.
	Signature of Director of	r Officer	
	ctor'signing this document (and who is listed in number lise information submitted in a document to the Depart		
13. <u>KEN</u>	(Typed or printed name and capacity of person	AIR MAN on signing application	1)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. FRANCISCO V. AGUILAR, the duly qualified and elected 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, corporations sole, 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, **BARRKS PROPERTIES, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/08/2022, and is in good standing in this state.



Certificate Number: B202308293912739

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/29/2023.

FRANCISCO V. AGUILAR Secretary of State