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03 AUG 19 PM 2:55

STATE  
TALLAHASSEE, FLORIDA



600022137616

08/19/03--01035--003 \*\*160.00

(Requestor's Name)

(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:

Office Use Only

Florida Department of State  
Dear Sir:

Aug 15, 2003

Attached is my application to register  
my foreign limited liability company,  
Certificate within 90 days original and my  
check of a 160.00 for filing fee, designation  
of Registered Agent, Certified Copy, Certificate  
Status along with my transmittal  
letter. Thank you for taken care of this matter.

Thank you.  
Sovereignty Unlimited LLC,  
Helen Trematerra V. Pres.  
5658 NW 109 Lane  
Coral Springs FL 33076

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

FILED  
03 AUG 19 PM 2:55  
CLERK OF CIRCUIT COURT, FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Sovereignty Unlimited, LLC.  
(Name of foreign limited liability company)

2. Las Vegas, NV  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 56-2303276  
(FEI number, if applicable)

4. 11-12-02  
(Date of Organization)

5. N/A  
(Duration: Year limited liability company will cease to exist or "perpetual")

6. N/A as of yet  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 5658 NW 109 Lane  
CORAL SPRINGS FL 33076  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

First Fruits Inc  
POB 27740  
Las Vegas, NV 89126  
Weston J. Coolidge, Pres First Fruits Inc.

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Home improvement  
Beauty, Permanent makeup, etc

Irene Trematerra Vice Pres.  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Irene Trematerra  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

FILED

03 AUG 19 PM 2:

CLERK OF STA  
TALLAHASSEE, FLOR

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Sovereignty Unlimited, LLC.

2. The name and the Florida street address of the registered agent and office are:

IRENE TREMATERRA  
(Name)

5658 NW 109 LANE  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

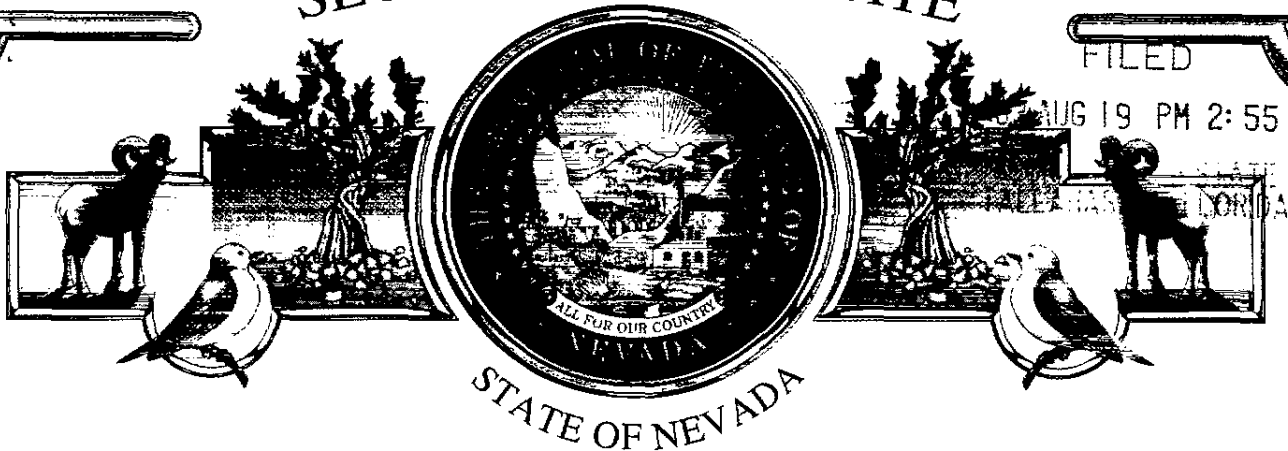
CORAL SPRINGS FL 33076  
City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

Irene Trematerra V. Pres.  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, 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, 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, **SOVEREIGNTY UNLIMITED, 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 November 12, 2002, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on July 23, 2003.



*Dean Heller*

DEAN HELLER  
Secretary of State

By

*A. Friesen*  
Certification Clerk