Note:	Electronic Filing Cover Sheet Please print this page and use it as a cover sheet. Type the fax	
	(shown below) on the top and bottom of all pages of the docum (((H17000080451 3)))	ient.
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Note:	DO NOT hit the REFRESH/RELOAD button on your browser fr Doing so will generate another cover sheet.	om this page.
To :	Division of Corporations Fax Number : (850)617-6383	
Fro	m: Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889	
**En1	er the email address for this business entity to be used f annual report mailings. Enter only one email address plea Email Address:	
granada wiji wanajimata jihi kutu wa		I I MAR
D: 26	Foreign Limited Liability Company The Aaron Rose Group, LLC	MAR 23
	Certificate of Status 0	AH 8:02 OF STATE E. FLORIDE

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13234468710 From Michael Sar

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: The Aaron Rose Group, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited Hability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley
Name of Person
Legalzoom.com, Inc.
Even/Company
101 N. Brand Blvd 11th Floor
Address
Glendale, CA 91203
City/State and Zip Code
craigvu1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Pr	erson Aren Code	Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
Registration Section	Registration Section	
P.O. Box 6327	Clitton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
	Tallahassee, FL 32301	

🖸 \$125.00 Filing Fee	🗋 \$130.00 Filing Fee &	🗐 \$155.00 Filing Fee &	🖾 \$160.00 Filing Fee, Certificate
	Certificate of Status	Certified Copy	of Status & Certified Copy

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الاروار والادر وبابية فارتعرتني بالدانحات والاعطوانية فمحافظه وقبيته

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	TON 605.9902, FLORIDA STATULIES, THE FOLLOWING IS SUBMILTED TO REGISTER A FOREIGN TIMITED LIABILITY
The Aaron Rose Group	ISINESS IN THE STATE OF FLORIDA.
(Name of Fore	ign Limited Liability Company; must include "Limited Liability Company," "L L.C.," or "LLC.")
(if name unavailable coter st	ternate name adopted for the purpose of transacting basiness in Florids. The atternate name must include "Limited
Liability Company," "L.L.C."	" or "LLC.")
2. Wyoming (Jurisdiction under the law	of which foreign limited liability (FEI number, if applicable)
company is organized)	
4,	(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
5. <u>4253 Willow Bay Dr.</u>	
Winter Garden, FL 34	787 (Street Address of Principal Office)
6. 4253 Willow Boy Dr.	
Winter Garden, FL 34	
	(Multing Address)
7. Name and street addres	s of Plavide registered agent: (P.O. Box NOT acceptable)
Name:	United States Corporation Agents, Inc.
	13302 Winding Daks Court Suite A
Office Address:	
	Tampa , Plorida 33612 (City) (Zip code)
Registered agent's accep	tance:
designated in this application to comply with the provision	gistered agent and to accept service of process for the above stated limited liability company at the place tion, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree ons of all statutes pelative to the proper and complete performance of my duties, and I am familiar with and my pusition as registered agent. Cheyemo Moseley, Assistant Secretary on behavior United Sister Corporation Agents. Inc
	(Registered agent's signature)
8. The name, title or caps	acity and address of the person(s) who has/have authority to manage is/are:
•	253 Willow Bay Dr. Winter Garden, FL 34787
·····	
	of existence, no more than 90 days old, duly authenticated by the official having custody of records in the of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be st	ubmitted)
	Cray Kerrett Signature of an authorized person
This document is executed	l in accordance with section 605.0203 (1) (b), Florida Statutes, 1 am aware that any false information the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
submitted in a document to	* The second se second second sec
submitted in a document to	Craig Hewitt

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13234468710 From: Michael Sar

