M17100004346

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700299344977

05/22/17--01015--004 **125.00

SECRETARY OF SINE DIVISION OF CORPORATIONS

M. MILLIGAN NAY 2 3 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Happy Days Management, LLC	
	Limited Liability Company
	pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the	following:
Aalok Patel	
Na	ame of Person
Fi	rm/Company
1190 E Washington St 811	
	Address
Tampa, FL 33602	
City/St	ate and Zip Code
aaloktpatel@gmail.com	
	for future annual report notification)
For further information concerning this matter, please call:	
Tessa Olsen	at (800) 375-2453
Name of Contact Person	Area Code Daytime Telephone Number
(MAILING ADDRESS) (Division of Corporations) (Registration Section) (P.O. Box 6327) (Tallahassee, FL 32314)	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
(Enclosed is a check for the following amount:) M \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate i	name adopted for the purpose of transacting business	in Florida. The alte	mate name must include	Limited Liabili	ity Company," "L.L.C."	or "LLC.")
Alaska	•	_ 3	82-119590	8		
(Jurisdiction under the law of w	high foreign limited liability company is organized)			(FEI number,	, if applicable)	
02/20/2		ior to requestration V				9
	(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to de	etermine penalty lia				二 聲
1231 W. Northeri	: Lights Blvd. #911	6	1231 W. North	ern Light	s Blvd. #911	- 美元
Anchorage, Ak		_	Anchorage,	_		22
99503		_	99503			
	ss of Florida registered agent: (P.O.) Aalok Patel	Box <u>NOT</u> ac	ceptable)			17 HBY 22 AH 11:
Name:	1190 E Washington St 811					
Office Address:	1190 E Washington St 611					
	Tampa (City)		, Florida	3360: (Zip code)	2	
signated in this applica comply with the provis	otance: egistered agent and to accept service ution, I hereby accept the appointme ions of all statutes relative to the pro- is of my position as registered agent.	nt as register per and com	ed agent and agr	ee to act in	this capacity.	l further ag
signated in this applica comply with the provis ad accept the obligation The name, title or cap	egistered agent and to accept service attion, I hereby accept the appointmentions of all statutes relative to the press of my position as registered agent. (Registered agent acity and address of the person(s) where the person is a series of the person acity and address of the person is a series of the person acity and address of the person is acity ac	nt as register operand com em's signature)	ed agent and agr uplete performand uthority to manage	ee to act in ee of my du	this capacity. It is the state of the state	l further ag amiliar with
signated in this applicated in this application with the provision accept the obligation. The name, title or cap Title or Capacity:	egistered agent and to accept service ation, I hereby accept the appointmentions of all statutes relative to the pross of my position as registered agent. (Registered agent acity and address of the person(s) where and Address:	nt as register operand com em's signature)	ed agent and agr plete performanc	ee to act in ee of my du	this capacity.	l further ag amiliar wit
signated in this applica comply with the provis d accept the obligation The name, title or cap	egistered agent and to accept service attion, I hereby accept the appointmentions of all statutes relative to the press of my position as registered agent. (Registered agent acity and address of the person(s) where the person is a series of the person acity and address of the person is a series of the person acity and address of the person is acity ac	nt as register operand com em's signature)	ed agent and agr uplete performand uthority to manage	ee to act in ee of my du	this capacity. It is the state of the state	l further ag amiliar wit
signated in this application comply with the provised accept the obligation The name, title or cap Title or Capacity:	egistered agent and to accept service ation, I hereby accept the appointmetions of all statutes relative to the press of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: Allok Patel 1190 E Washington St 811	nt as register operand com em's signature)	ed agent and agr uplete performand uthority to manage	ee to act in ee of my du	this capacity. It is the state of the state	l further ag amiliar wit
signated in this application of accept the obligation. The name, title or cap Title or Capacity: AMBR	egistered agent and to accept service ation, I hereby accept the appointmetions of all statutes relative to the press of my position as registered agent. (Registered agent active and address of the person(s) who Name and Address: Alok Patel 1190 E Washington St 811 Tampa. FL 33602	nt as register operand com em's signature)	ed agent and agr uplete performand uthority to manage	ee to act in ee of my du	this capacity. It is the state of the state	l further ag amiliar wit
signated in this application comply with the provised accept the obligation. The name, title or cap Title or Capacity: AMBR Use attachments if necessal.	egistered agent and to accept service ation, I hereby accept the appointment ions of all statutes relative to the press of my position as registered agent. Registered agent Registered agent	nt as register reper and com em's signature) o has/have at Titl	ed agent and agraphete performance athority to manage e or Capacity: enticated by the of	ee to act in the of my du the is/are:	Name and Add	I further against the second seconds in the

Typed or printed name of signee

Alaska Entity #10051937

State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Happy Days Management, LLC

This entity was formed on February 20, 2017 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **May 05, 2017**.

Chris Hladick Commissioner

Oh Halix

DIVISION OF CORFORATIONS