| (Re | questor's Name) | | | |
|---|-------------------|-----------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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TO:

Registration Section

| Divisio | n of Corporation | 18 | | | | |
|-------------------------------|--|--|-----------------------------------|---|---|--|
| SUBJECT: | | Stallworth | n Investment Grou | ip, LLC | | |
| | Name of Limited Liability Company | | | | | |
| | | eign Limited Liability Comp d to register the above refer | | | | |
| Please return all | correspondence o | concerning this matter to the | following: | | | |
| | | Anturuan Stallw | orth - Owner/ Ma | naging Me | mber | |
| | | N | ame of Person | | | |
| | | Stallworth | Investment Group | LLC | | |
| | Firm/Company | | | | | |
| | 2020 NW 71st Street | | | | | |
| | Address | | | | | |
| | | Mi | ami, FL 33147 | | | |
| | | City/S | tate and Zip Code | | | |
| | | | n.anturuan@gmail | | | |
| | | E-mail address: (to be use | d for future annua | l report not | ification) | |
| For further infor | mation concernin | g this matter, please call: | | | | |
| | Antu | ruan Stallworth | 786 at (|) | 663-3742 | |
| | Name o | f Contact Person | Area Code | Day | time Telephone Number | |
| Divisio Registr P.O. Bo | ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314 | | | Division Registrati Clifton B 2661 Exe | CADDRESS: of Corporations ion Section uilding secutive Center Circle see, FL 32301 | |
| | eck for the follow 5.00 Filing Fee | ing amount: ■ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Fili Certified Copy | ~ | □ \$160.00 Filing Fee, Ce of Status & Certified Cop | |

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | Stallworth Investign Limited Liability Company; must include "Lii | tment Group, l | LLC | ж, | | | |
|--|--|--|---|----------------------|---------------|-----------|-----------|
| (Name of Pote) | gn Limited Liability Company; must include 150 N/ | | ompany, rather, or the | .,) | | | |
| (It name unavailable, enter alterna | te name adopted for the purpose of transacting business in | | ite name must include "Limited | Liability Company | ,""L.L.C," or | "LEC.") | |
| Sto | te of Delaware | _ | | 0674537 | | | |
| 4. | (which foreign limited liability company is organized) | | | umber, if applicable | c) | | |
| 4. | N/A | | | | | | |
| 4. <u> </u> | (Date first transacted business in Florida, if pro- (See sections 605 0904 & 605 0905, F.S. to de | or to registration) termine penalty liabil | aty) | | | | |
| 5. Stallworth Inve | estment Group, LLC | 6. | Stallworth Investri | nent Group, I | .LC | | |
| (Street Address | of Principal Office) | | (Mailing A | | 4 | | |
| 1209 Or | ange Street | | 2020 NW 71st Stree | | | <u> </u> | |
| Wilmington | i, DE 19801 | | Miami, Fl | L 33147 | | | |
| | | | | | 三芸家 | | |
| 7. Name and street add | ress of Florida registered agent: (P.O. I | Box <u>NOT</u> acco | eptable) | | | 00 | |
| Name: | Anturuan Stallworth - Owner/Ma | inaging Memb | er | | " | AH ID: OI | ; ; r- |
| Truite. | 2020 MW 21 . C. | | | | 5 | ਕੁ | ٠ |
| Office Address | s: 2020 NW 71st Stree | :t | | | | 오 | |
| | Miami | | , Florida 331 | 47 | 75 | _ | |
| Registered agent's acc | (Cny) | | (Zip s | code) | | | |
| | fent de | V | | | | | |
| | (Registered age | m's signature) | | | | | |
| 8. The name, title or c. <u>Title or Capacity:</u> | apacity and address of the person(s) who Name and Address: | | nority to manage is/are or Capacity: | | nd Addre | :ss: | |
| Owner/Manager | Anturuan Stallworth | | | | - | | |
| | 2020 NW 71st Street | <u> </u> | | | | | |
| | Miami, FL 33147 | | | | | | |
| | | | | | | | |
| | | <u> </u> | | | | | |
| | | | | | | | |
| (Use attachments if nee | cessary) | | | | | | |
| 9. Attached is a certific | ate of existence, no more than 90 days o | dd. duly auther | nticated by the official | having custo | dy of reco | rds in t | he |
| jurisdiction under the la | w of which it is organized. (If the certif | | | | | | |
| of the translator must be | e submitted) | | | | | | |
| 10. This document is ex | secuted in accordance with section (405.0 |)203 (1) (b), Fl | orida Statutes. I am av | vare that any | talse infor | mation | |
| submitted in a documen | t to the Department of State constitutes a | third Augree | glony as provided for | in s.817.155. | F.S. | | |
| | f for the second | J.V | , | | | | |
| | Sign | ature of an authorized | l person | | | | |
| | Λ. | nturuan Stallwe | orth | | | | |
| | | ed or printed name o | | | | | |

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF FORMATION OF "STALLWORTH INVESTMENT

GROUP, LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF MAY, A.D.

2018, AT 12 O'CLOCK P.M.



Authentication: 202662425 Date: 05-09-18

6869255 8100 SR# 20183306860

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:00 PM 05 03 2015
FILED 12:00 PM 05 03:2018
SR 20183306860 - File Number 6869255

STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

| The name of the limited li Stallworth Investment Group, Lt | ability company is | |
|--|--|--------------------------|
| The Registered Office of t located at 1209 Orange Street | he limited liability company in the State of | of Delaware is (street), |
| in the City of Wilmington | , Zip Code_19801 | The |
| name of the Registered Agent at s liability company may be served Corporation Trust Center | such address upon whom process against t | his limited |
| | | |
| | By: Ort Ins | |
| | Authorized Person | l |
| | Name: Anturuan Stallworth | |
| | Print or Type | |