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T. CLINE

**EXAMINER** 

W. 8, 94570

To whow it may concern,

- We used to have a foreign LLC within Florida with Doct M1200000 3088 in 2015.

- This time the name of store is different but the company is still same.

but the company is still same.

- Ether seachinating or reorganizing would be ok.

If you need any documents in this regard please email me at ahmadgulzeur Qvillagemail.com.

## COVER LETTER

TO:

Registration Section

Div	ision of Corporatio	ns				
SUBJECT:	VILLAGE MART					
		Name of Limited Liability Company				
				tion to Transact Business in Floric ted liability company to transact bu		
Please return	all correspondence	concerning this matter to the	following:			
	AHMAD GUL	ZAR				
	Name of Person					
	VILLAGE MA	ART LLC		:	75 <b></b>	
	Firm/Company					
	4055 AMERICAN WAY				NOV -	
	Address SS					
	MEMPHIS TN	738118		<u>;</u> 		
	ahmadgulzar@v	-	tate and Zip Code		8: 35	
		E-mail address: (to be used	d for future annual	report notification)	_	
For further in	ntormation concernir	ig this matter, please call:				
АН	IMAD GULZAR		901	362 0200		
	Name o	of Contact Person	Area Code	Daytime Telephone Numbe	<del></del> r	
Div Reg P.O	ision of Corporation distration Section Box 6327 lahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee & ■ \$160.00 Filing Fee of Status & Certified		

# 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:

1 VILLAGE MARTILLO	;				
(Name of Foreign	Limited Liability Company; must include "Lin	nited Liability C	ompany," 'T. L.C.," or "LLC.")		<del></del>
GIUSEPPE ZANOTTI -	VILLAGE MART LLC				
(If name unavailable, enter alternato r	name adopted for the purpose of transacting business in	Florida. The alten	aste name must include "Limited Lia	bility Company," "L.L.C." or "	(LLC.T)
<sub>2.</sub> TN		3. 2	70777498		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	_	(स्ति)	ber, if applicable)	_
4. Pending Registration	a Approval				
T	(Date first transacted business in Florida, if prio (See sections 605.0904 & 605.0905, F.S. to dec	r to registration.)	ilitry)		
5 4200 Conroy Rd, P	•		055 American Way		
(Street Address of Principal Office)		6	(Mailing Add	ress)	_
Orlando, FL 32839		M	emphis TN 38118		
		_		Žo: <b>≥</b>	<del></del>
	- <del></del>	<del></del>			<del></del>
7 Name and street addre	ss of Florida registered agent: (P.O. E	Roy NOT acc	rantahla)	NOV	:
7. Name and succe addic	<del>-</del>	JON MOLLACI	epiaore)	ASS. 1	
Name:	Muhamad Ibrahim		<del></del>	mar —	
Office Address:	4200 Conroy Rd, P-295				
Office Address.	<u> </u>			00 00 00 00 00 00 00 00 00 00 00 00 00	
	Orlando		, Florida 32839	—— 🚟 చ	
Registered agent's accep	(Crty)		(Zip cod	ы 💥 · Ол	
and accept the obligation	is of my position as registered agent,	1			
	Registered ago	nt, e eiGmanne)			
8 The name title or can	acity and address of the person(s) who	has/have au	thority to manage is/are:		
Title or Capacity:	Name and Address:		e or Capacity:	Name and Addre	:SS:
CEO	Muhamad Ibrahim				
	41055 AMERICAN WA				
	MEMPHIS THI BEI	প্র			
CFO					
<del>Cro</del>	Ahmad Gulzar 4055 AM GRICAN V	<del>717</del>			<del> </del>
	MEMPHIS TN 381	7 <u>8</u> 577			
(Use attachments if neces	ccam)				
(Ose anacimients if neces	ssary)				
	e of existence, no more than 90 days of which it is organized. (If the certificabmitted)				
10. This document is may	ruted in accordance with section 605.0	202 (1) (b) I	Ilorida Stanutas, I any a	that any folio inform	
	cuted in accordance with section 605.0 o the Department of Spate constitutes a				nauon
	L H	<b>5</b>		,	
	Signa	attire of an authoriz	ed person		
	Ahmad Gulzar				

Typed or printed name of signee.



# **Division of Business Services Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

**MUHAMAD IBRAHIM** 

4055 AMERICAN WAY RD MEMPHIS, TN 38118

October 2, 2018

Request Type: Certificate of Existence/Authorization

Request #:

0291487

Issuance Date: 10/02/2018

Copies Requested:

**Document Receipt** 

Receipt #: 004315919

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3740991990

\$20.00

Regarding:

VILLAGE MART, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 08/14/2009

Status: Duration Term: Active Perpetual

Business County: SHELBY COUNTY

Control #:

608198

Date Formed:

08/14/2009

Formation Locale: TENNESSEE

Inactive Date:

### **CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

#### VILLAGE MART, LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 029851633