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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

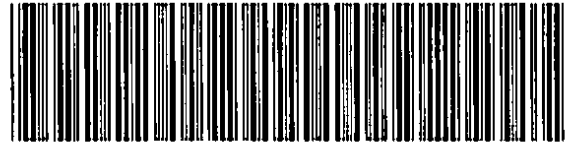
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 APR -1 PM 12:12
TOLSON, ROSE, PL

4/5/19

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SZI 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 liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

William J. Brooks, PhD

Name of Person

SZI LLC

Firm/Company

PO Box 6180

Address

Navarre, FL 32566

City/State and Zip Code

20szi17@gmail.com

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

For further information concerning this matter, please call:

William J. Brooks, PhD

850

8607526

at (

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:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
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:

1. SZI LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Sug-Zeenie Industries LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. State of Wyoming

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-5128693

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6116 Marie Drive

(Street Address of Principal Office)

Gulf Breeze, FL 32563

6. PO Box 6180

(Mailing Address)

Navarre, FL 32566

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: William J. Brooks, PhD

Office Address: 6116 Marie Drive

Gulf Breeze

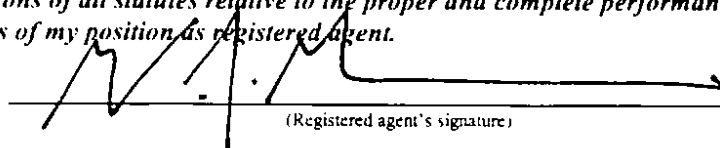
(City)

, Florida 32563

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Managing Member

William J. Brooks
PO Box 6180
Navarre FL 32566

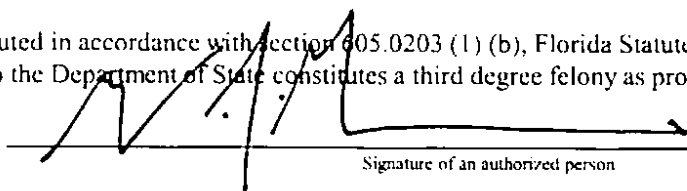
Managing Member

Julie A. Brooks
PO Box 6180
Navarre FL 32566

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

William J. Brooks, PhD

Typed or printed name of signer

FILED
2019 APR -1 PM 12:12
TALLAHASSEE, FL

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that


SZI LLC

a limited liability company originally organized under the laws of **Nevada** on **January 29, 2017** did on **March 8, 2018**, apply for a Certificate of Organization and filed Articles of Continuance in the office of the Secretary of State of Wyoming.

I FURTHER CERTIFY that this limited liability company has renounced its state or country of organization, and is now organized under the laws of the state of Wyoming is in good standing as of the date of this certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on **March 28, 2019**.




Secretary of State

By: Rosalie Gonzales

Filed Date: 03/08/2018