(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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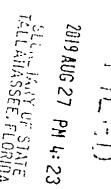
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COVER LETTER

TO:		ation Section n of Corporations						
ento n		A Enterprises, LLC	<u>:</u>				48	
SUBJI	EC1:		Nar	ne of Limi	ted Liability (Company		-
							Business in Florida, pany to transact busi	
Please	return all	correspondence cor	neerning this matter	to the follo	wing.			
		Gary Mehta, CPA						
		Four Brothers Fir	iancial, LLC	Name	of Person		SEGAL	, · ; 2019 AUG
		3171 Route 9 Sui	te 282	Firm/C	Company		AICY OF VSSEE, F	27 PH
				Λd	ldress	 	07 08	_ _
		Old Bridge NJ 08	3857				TE	23
			(City/State a	md Zip Code	<u> </u>		_
		G.MEHTA@FOU	RBROTHERSFINA	NCIAL.CO	DM			
	•		E-mail address: (to b	e used for	future annual	report notificat	ion)	_
For fur	rther infor	mation concerning	this matter, please ca	ıll:				
	GARY	МЕНТА СРА		at	732	510-1977		
		Name of	Contact Person		Area Code	Daytime 1	Telephone Number	-
	Division Registra P.O. Be	nG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314				STREET ADI Division of Co Registration Se Clifton Buildir 2661 Executive Tallahassee, Fl	rporations ection ng e Center Circle	
		d is a check for the		D & DWN4T	NT OF CTA	***		
		nake eneck payable 25.00 Filing Fee	to: FLORIDA DE \$130.00 Filing Certificate	Fee &	\$155.00	Filing Fee & ed Copy	\$160.00 Filing of Status & Ce	

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

IN COMPLIANCE WITH SECTION (05/002) PLORIDA STATUTES, THE POLLOWING INSUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limi	ted Liability Company," "L.L.C	" or "LLC.")			
				<u> </u>		
name unavailable, enter alternate is	ime adopted for the purpose of transacting business in F	kerida. The alternate name must incli	ide "Limited Liability Co	anpany (二"L 1. Com "LLC")		
DELAWARE	nich toreign limited hability company is organized)	3.		9 AUG		
(Jurisdiction under the law of wi	nch toreign limited liability company is organized)	\.	(FEI manber, if ap	pplioable) 2		
08/22/2019				PA PA PA PA PA PA PA PA PA PA PA PA PA P		
	(Date first transacted business in Florida, if prior t (See sections 605-0994 & 605-0905, F.S. to deter	o registration) num penalty hability)		PH 4: 23		
131 Flagship Dr		131 Flagship D	r	DE W		
(Street Address of F	ruscipal (dice)	6. (Mailing Address)				
Lutz FL 33549		Lutz Fl. 33549				
			• .			
Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)				
	Audrey Fonseca					
Name:						
Office Address:	131 Flagship Di					
Office Address.			22510			
	Lutz	, Florida	33549			

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.

Judry Jouseen
(Registered agent's signature)

manage $\{up \text{ to } six (6) \text{ total}\}$: Title or Capacity: Name and Address: Title or Capacity: Name: Audrey Fonseca Manager Manager | Name: Address: 131 Flagship Dr Member Member Address: Lutz Fl 33549 □ Authorized Authorized Person Person Other Other____ Other____ Other_ Manager Manager Name: Address: Member Member Authorized Authorized Person Person _____Other_____ Other Other Name: _____ Name: ____ Manager Manager Manager Address: ____ ☐ Member Address: Member Authorized Authorized Person Person Other_____ Other___ Other_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Audrey Fonseca Typed or printed name of signee

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to



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

DELAWARE, DO HEREBY CERTIFY "AZA ENTERPRISES, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-SECOND DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AZA ENTERPRISES, LLC" WAS FORMED ON THE EIGHTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2019 AUG 27 PH 4: 23
SEUNE IARY OF STATE
TALL AHASSEF FI OPINA

Authentication: 203457871

Date: 08-22-19

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