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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CODE 74 21.e 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:
CHARLOS WOTTER CAA
CHARLES WOTTZEL CPA Firm/Company
Firm/Company
6810 FRONT STREET
Address
KAN 11105-T XX 22040
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHARLOS WO17202 at 305 304-4217 Name of Contact Person Area Code Daytime Telephone Number
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Division of Corporations
Registration Section Registration Section
Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee Configuration
Certificate of Status S125.00 Filing Fee \$\sum \\$130.00 Filing Fee & \sum \\$155.00 Filing Fee & \sum \\$160.00 Filing Fee, Certificate of Status

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Delegan Age
(Jurisdiction under the law of which foreign limited liability company is organized) 3. <u>82 - 484 5782</u> (FEI number, : fapolicable) May WOST FC 33040 WEST FC 33040 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address:

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.

Clearly agents agents.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Adrian Laza Manager ■ Manager Name: 600 Whitehead ST ST201 **∠**Member Address: Member Address: key west, fl 33040 ☐ Authorized ☐ Authorized Person Person Other___ Other____ Other Other Manager Name; _____ ☐ Manager Name: Member Address: ☐ Member Address: ☐ Authorized Authorized Person Person Other__ Other____ Other_ Name: Manager ■ Manager Name: Member Member | Address: ____ ___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. Arigh daza Signature of an authorized person adrian laza

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CODE 74 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 SEVENTH DAY OF NOVEMBER, A.D. 2019.

Authentication: 203962211

Date: 11-07-19

6798142 8300 SR# 20197964314

You may verify this certificate online at corp.delaware.gov/authver.shtml



August 12, 2019

CHARLES WEITZER, CPA 6810 FRONT STREET KEY WEST, FL 33040

SUBJECT: CODE 74, LLC Ref. Number: W19000074265

We have received your document for CODE 74, LLC and check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$75.00.

It appears that you intended to file a Foreign LLC. The coversheet is for an amendment.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 819A00016569

Mel Solomon Regulatory Specialist II Supervisor