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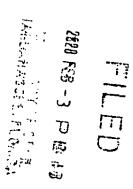
(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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COVER LETTER

	tration Section ion of Corporations				
SUBJECT: _	London Royal AM, LLC	:			
JUDGECT		Name of Limi	ted Liability C	ompany	
The enclosed " Existence, and	Application by Foreign check are submitted to	Limited Liability Company register the above reference	for Authorizat I foreign limite	ion to Transact Busi ed liability company	ness in Florida," Certificate of to transact business in Florida.
Please return a	ill correspondence conce	erning this matter to the follo	owing:		
	Elizabeth Tringali				
		Name	of Person		
		Firm/	Company		
	1428 Harbor Point	Dr.			
Address					
	West Palm Beach,	FL 33410			
		City/State	and Zip Code		
	terry@tringali-health	.com			
	E-	mail address: (to be used fo	r future annual	report notification)	-
For further int	formation concerning th	is matter, please call:			
Krys	stle Gillam	a	800 L (375-2453	
	Name of Co	ontact Person	Area Code	Daytime Tele	phone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				STREET ADDRE Division of Corpor Registration Sectio Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations n nter Circle
	osed is a check for the f se make check payable t	ollowing amount: o: FLORIDA DEPARTM	ENT OF STA	ТЕ	
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		Filing Fee & Ged Copy	\$160.00 Filing Fee, Certificat 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:

foreign limited liability company is organized)	3	(FEI number	r, if applicable)	
foreign limited liability company is organized)		(FE! number	r, if applicable)	
(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ne penalty liability)			
122				
rpal Office)	о	(Mailing Addres	sz)	
	Ancho			
Elizabeth Tringali				ï
1428 Harbor Point Dr.				7
West Palm Beach		33410 , Florida	<u>्र</u> ्हें ७७	
(City)		(Zip code))	
,	npal Office) of Florida registered agent: (P.O. Box Elizabeth Tringali 428 Harbor Point Dr. West Palm Beach	Ancho Ancho Florida registered agent: (P.O. Box NOT accepta Elizabeth Tringali 428 Harbor Point Dr. West Palm Beach	122 6. 200 W. 34th Ave. #977 6. Mailing Addre Anchorage, AK 99503 Of Florida registered agent: (P.O. Box NOT acceptable) Elizabeth Tringali 428 Harbor Point Dr. West Palm Beach , Florida	200 W. 34th Ave. #977 (Mailing Address) Anchorage, AK 99503 Of Florida registered agent: (P.O. Box NOT acceptable) Elizabeth Tringali 428 Harbor Point Dr. West Palm Beach 73410 Florida

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Terrance Hossack Elizabeth Tringali Name: Manager Manager Name: 1428 Harbor Point Dr. 1428 Harbor Point Dr. ■ Member Address: Address: **■** Member West Palm Beach, FL 33410 West Palm Beach, FL 33410 Authorized Authorized Person Person Other ____ Other___ Other_ Other_ Name: Manager Name: _____ Manager Address: ____ Member Address: Authorized Authorized Person Person Other_____ Other_____ Other Other Manager Name: Manager Address: ______ 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. ELizabeth A. tringal and Terrance P. Hossack

Typed or printed name of signee

Alaska Entity #10119567

State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

London Royal AM, LLC

This entity was formed on December 13, 2019 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.

Julie Cinterson



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **December 31, 2019**.

Julie Anderson Commissioner