Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000136346 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALRON ENTERPRISES, INC.

Phone : (321)951-7626

Account Number : I20000000113

Fax Number : (321)723-8218

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Foreign Limited Liability Company YWHC Investments LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

TO:

## H20000136346 3

#### **COVER LETTER**

u:nicer.	YWHC INVESTMENTS LLC				
SUBJECT:	Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.			
Please retur	n all correspondence concerning this matter to	o the following:			
	Jenni Johnson				
		Name of Person			
	Alron Corps, Inc.				
Firm/Company					
	3990 Minton Road				
	· · · · · · · · · · · · · · · · · · ·	Address			
	Melbourne, FL 32904				
	ity/State and Zip Code				
	tomeggers@yahoo.∞m				
	E-mail address: (to be	e used for future annual report notification)			
For further	information concerning this matter, please ca	D:			
Je	nni Johnson	321 951-7626 at( )			
_	Name of Contact Person	at () Area Code Daytime Telephone Number			
	ailing Address; egistration Section	Street Address: Registration Section			
	ivision of Corporations	Division of Corporations			
Ρ.:	O. Box 6327	The Centre of Tallahassee			
Te	allahassec, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Ple	colosed is a check for the following amount: case make check payable to: FLORIDA DEI \$125.00 Filing Fee \$130.00 Filing Fe  Certificate	æ & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate			

### H20000136346 3

#### 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 CLABILITY COMPANY TO TRANSACT RESINESS. IN THE STATE OF FLORIDA:

	mited Liability Company, must include "Limited	Liability	Company," "L.1, C.," or "LLC")	
		,	• •	
name unavailable, onter alternate nan	ne adopted for the purpose of transacting business in FI	onda. The a	termate mame must include "Limited Liability Company," "LLC," or "LC.")	
Delaware			45-4846787	
(Jurisdiction under the law of which	ch foreign limited liability company is organized)	3.	(FEI number, if applicable)	
upon filing				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration	ahihin)	
428 S. Orlando Ave	tota securia con oraș a con oraș, i an accon-		428 S. Orlando Ave	
set Address of Principal Office)	<del></del>	6.	(Mailing Address)	
Unit E			Unit E	
Cocoa Beach, FL 32931			Cocoa Beach, FL 32931	
		-		
Name and street address	of Florida registered agent: (P.O. Box	NOLa	eceptable)	
Name:	Tom Eggers		<del></del>	
	428 S. Orlando Ave Unit E			
Office Address:				
Office Address:	Cocoa Beach		 3293 ł . Florida	

# H20000136346 3

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:
■Manager	Name:	□Manager	Name: Michelle Hebson
■Member	Address: 428 S. Orlando Ave Unit E	· <b>Me</b> mber	Address: 9534 Lawndale Ave
□Authorized	Cocoa Beach, FL 32931	□Authorized	Evanston, IL 60203
Person		Person	
Other	Other	□ Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□ Authoriz <b>ed</b>	
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. Non-indexed 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 onth 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	
Tom Eggers		
	Tened or minted name of signer	

H200001363463

# Delaware The First State

. Page 1

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

DELAWARE, DO HEREBY CERTIFY "YWHC INVESTMENTS 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 THIRTIETH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "YWHC INVESTMENTS LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2012.

at corp.delaware.gov/aut

Authentication: 202853445

Date: 04-30-20