Macomen

| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
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| (Cit | ty/State/Zip/Phone | #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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SECRETARY OF STATE
FALL AHASSEE, FLORID.



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| TO: Registration Section Division of Corporations | | | | | : |
|--|--|---------------------------------|---|--|--|
| SUBJECT: L&J SWEET | Γ HOMES, L | LC | | | .* |
| | Name of Lim | ited Liability C | ompany | | - |
| The enclosed "Application by Foreign L Existence, and check are submitted to re- | imited Liability Company | for Authorizated foreign limite | tion to Transact ed liability com | t Business in Florida.' pany to transact busi | " Certificat e of ness in Florida. |
| Please return all correspondence concer- | ning this matter to the foll | owing: | | 185: | - |
| Firas Hanna | | | | ECKE! | |
| | Name | of Person | <u>-</u> | 38.5 7.8.4 8.4.8.4 | LED |
| L&J SWE | ET HOMES | , LLC | | HASSEE, FLORID | |
| | Firm/ | Company | | OR IT | : <u>2</u> |
| 12444 Tai | marind Cou | rt | | P - | |
| | A | ddress | | = | |
| Jacksonvi | lle, FL 3222 | 25 | | | |
| | City/State | and Zip Code | <u>.</u> | | |
| firas.hanna | 40@gmail. | com | | | |
| E-ma | ail address: (to be used fo | r future annual | report notificat | ion) | |
| For further information concerning this | natter, please call: | | | | |
| Firas Hanna | 511 | ,904 | 523-2 | 2605 | |
| Name of Cont | act Person | Area Code | Daytime ' | Telephone Number | • |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | STREET ADI Division of Co Registration Sc Clifton Buildin 2661 Executive Tallahassee, FI | rporations ection og e Center Circle | |
| Enclosed is a check for the following Please make check payable to: S125.00 Filing Fee | owing amount: FLORIDA DEPARTME \$130,00 Filing Fee & Certificate of Status | | Filing Fee & | S160.00 Filing of Status & Cer | |

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:

| L&J SWEET HO | | | | | |
|---|--|---|--|--|--|
| (Name of Foreign | Limited Liability Company; must include "Limited Liabil | lity Company," "L.L.C.," or "LLC.") | | | |
| It's parme unavershable source observate of | ame adopted for the purpose of transacting business in Florida. The | | | | |
| Nevada | me adopted for the purpose of transacting business in Fforda. The | e allemate name must include "Limited Lability Orlingary," "LLLC" or T.L.C.") | | | |
| 2. | nich foreign limited liability company is organized) | 3. (FEI number, if applicable) | | | |
| | | 2: 0 | | | |
| 4 | (X) (| 5m F | | | |
| 40444 | (Date first transacted business in Florida, if prior to registratic (See sections 605 0904 & 605,0905, F.S. to determine penalt | Ity liability) | | | |
| _{5.} 12444 I an | narind Court 6 | 12444 Tamarind Court | | | |
| | | (Mailing Address) | | | |
| Jacksonville | e, FL 32225 | Jacksonville, FL 32225 | | | |
| | | | | | |
| | | | | | |
| 7. Name and street address | s of Florida registered agent: (P.O. Box NOT | _acceptable) | | | |
| | | | | | |
| Name: | Firas Hanna | | | | |
| | 12444 Tamarind Cou | | | | |
| Office Address: | 12444 Tallialliu Cut | ——— | | | |
| | Jacksonville | 32225 | | | |
| | (Cay) | (Zap code) | | | |
| Registered agent's accept | | | | | |
| 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. | | | | | |
| , | | 21.41 | | | |
| | (Registered agent's Signature) | | | | |

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: Firas Hanna Name: Wasan Bahnoo ✓ Manager ✓ Manager Address: 12444 Tamarind Court Address: 12444 Tamarind Court Member Member | Jacksonville, FL 32225 Jacksonville, FL 32225 ■Authorized Authorized Person Person Other__ Other___ Other_ Name: _____ Manager Manager Member Address: Member Authorized Authorized Person Person Other Other__ Other____ Other_____ Manager ■ Manager Name: ___ Member 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. Signature of an authorized person Firas Hanna

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

7020 MAY -8 PM 2: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **L&J SWEET HOMES**, **LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/13/2020, and is in good standing in this state.

Certificate Number: B20200505771903

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/05/2020.

Barbara K. Cegavske Barbara K. Cegavske Secretary of State