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2020 J.T. 31 P.H. 3: 23

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COVER LETTER

Registration Section Division of Corporations

TO:

SHRIFCT:	ASA International Holdings LLC			
SUBJECT	Name o	f Limited Liability Company		
	Name of Limited Liability Company e enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of istence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. John Mowris Name of Person ASA International Holdings LLC Firm/Company 10261 SW 137th Place Address Miami Florida 33186 City/State and Zip Code jmowris@hotmail.com E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: John Mowris Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303			
Please return	all correspondence concerning this matter to the	ne following:		
	John Mowris		_	
Name of Person				
	ASA International Holdings LLC			
	Firm/Company			
	10261 SW 137th Place			
		Address	•	
	Miami Florida 33186			
	City	/State and Zip Code	•	
	jmowris@hotmail.com			
	E-mail address: (to be u	sed for future annual report notification)	•	
For further i	nformation concerning this matter, please call:			
Jol	nn Mowris	at ()	_	
	Name of Contact Person	Area Code Daytime Telephone Number		
			. 630°	
	•	•		
			٠	
Ta	llahassee, FL 32314	·	<u>.</u> .	
		Tallahassee, FL 32303		
Ene	closed is a check for the following amount:		7-3	
	ase make check payable to: FLORIDA DEPA		()	
	\$125.00 Filing Fee State State \$130.00 Filing Fee State Certificate of State	•		

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Flori	sa. The attendate name must include 1,1mited 1,1minty Co	mapany, and, or and
Delaware		84-3728113 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if app	licable)
Not yet			
	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	istration.) penalty liability)	
10261 SW 137th Place	;	same	
reet Address of Principal Office)		6. (Mailing Address)	
Miami FL			
22197			.
33186		 	2
N	(DO D)	100	
Name and street address	ss of Florida registered agent: (P.O. Box 1	NOT acceptable)	; (,)
	John Mowris		
Name:			===
Office Address:	10261 SW 137th Place		ယ္ လ
011100 1100.055.	Miami	33186	<u> </u>
		, Florida	
	(City)	(Zip code)	

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: Name and Address: Title or Capacity: Title or Capacity: Name: John Mowris □Manager Name: _____ Manager 10261 SW 137th Place Address: Address: _____ ■Member ☐Member Miami FL ☐ Authorized ☐ Authorized 33186 Person Person □Other______ ⊡Other_____ ☐Other_____ □Other_____ Name: ____ □Manager Name: _____ □Manager □Member Address: _____ □Member Address: ☐ Authorized ☐ Authorized Person Person □Other____ □ Other □ Oth Other Name: ______ □Manager □Member □Member Address: _____ 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.

Typed or printed name of signee

John Mowris

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ASA INTERNATIONAL HOLDINGS 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 NINTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASA INTERNATIONAL HOLDINGS LLC" WAS FORMED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2019.

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

2020 Jr. 31 PM 3: 23



Authentication: 203078994

Date: 06-09-20

7694290 8300 SR# 20205600151



July 8, 2020

JOHN MOWRIS 10261 SW 137TH PL MIAMI, FL 33196 US

SUBJECT: ASA INTERNATIONAL HOLDINGS LLC

Ref. Number: W20000070478

We have received your document for ASA INTERNATIONAL HOLDINGS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

RECEIVED

Letter Number: 020A00013314