

NR00000011038

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

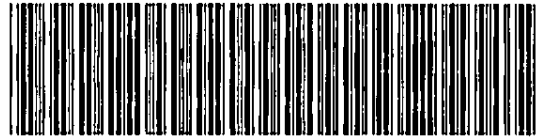
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
wa0000129334

Office Use Only



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2020 DEC -3 PM 2:15  
FBI

US  
12/3/20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 10, 2020

PRESTON RAYMOND  
2231 THREE RIVERS DRIVE  
ORLANDO, FL 32828

SUBJECT: 7 STREAMS LLC  
Ref. Number: W20000129334

We have received your document for 7 STREAMS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L20000033280.

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.

Yvette Scott  
Document Specialist II

Letter Number: 820A00022543

RECEIVED  
NOV 30 2020

# 7 Streams LLC

2231 Three Rivers Drive, Orlando FL 32828

RaymondFamilyEmpire@gmail.com

11/3/2020

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahssee, FL 32314

**Dear Registration Section of Division of Corporations**

This application is being submitted to register 7 Streams LLC in the State of Florida to legally conduct business. Please let us know if there is anything else needed. Enclosed you will find the Application, Ohio Certificate of Existence and the Check for the Filing Fee and Certificate of Status.

**Sincerely,**

**Preston Raymond, 7 Streams LLC**

2020 DEC -3 PM 15

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 7 Streams LLC  
\_\_\_\_\_  
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:

Preston Raymond	
_____	Name of Person
7 Streams LLC	
_____	Firm/Company
2231 Three Rivers Drive	
_____	Address
Orlando, FL 32828	
_____	City/State and Zip Code
RaymondFamilyEmpire@gmail.com	
_____	E-mail address: (to be used for future annual report notification)

2008 DEC -3 PM 2:15

For further information concerning this matter, please call:

Preston Raymond	216	7026976
_____	at (_____) _____	
Name of Contact Person	Area Code	Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate 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:*

1. 7 Streams LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

7 Streams Florida 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. Ohio 3. 82-3824103  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/5/2020  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2231 Three Rivers Drive  
(Street Address of Principal Office)  
Orlando, FL 32828

6. 2231 Three Rivers Drive  
(Mailing Address)  
Orlando, FL 32828

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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

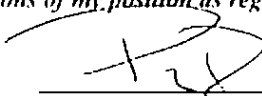
Name: Preston Raymond

Office Address: 2231 Three Rivers Drive

Orlando 32828  
(City) Florida (Zip code)

**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.*

  
(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:**

☒ Manager Name: Jasmine Raymond

☒ Member Address: 2231 Three Rivers Drive

☐ Authorized Orlando, FL 32828

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Preston Raymond

☒ Member Address: 2231 Three Rivers Drive

☐ Authorized Orlando, FL 32828

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

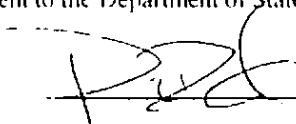
Person \_\_\_\_\_

☐ 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 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

Preston Raymond

Typed or printed name of signee

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show 7 STREAMS LLC, an Ohio For Profit Limited Liability Company, Registration Number 4113601, was organized within the State of Ohio on December 20, 2017, is currently in FULL FORCE AND EFFECT upon the records of this office.*

DEC -3 PM 2:15  
Frank LaRose



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 3rd day of November, A.D. 2020.*

*Frank LaRose*

Ohio Secretary of State

Validation Number: 202030802210