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ТО: %	Registration Section Division of Corporations				توبع	p .

SUBJECT: BIZZY BUZZ 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:

Mara Elazer Name of Person BIZZY BUZZ UC Firm/Company 201 yth St S, Apt 917 St. PeterSburg, FL 33701 City/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mara Glazerat (443)540.0799Name of Contact PersonArea CodeDaytime 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

Certificate of Status Certified Copy □ \$160.00 Filing Fee, Certificate of Status & Certified Copy ----

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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. BIZZY BUZ	ZLLC,		
(Name of Foreign	LZ_UUC Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or '	'LI.C.")
			·····
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida. The alternate name must include "I	.imited Liability Company," "L.L.C," or "LLC.")
2. State Of (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. 45-271	7970 (FEI number, if applicable)
4.	6/1/2020		
···	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty liability)	
5. 201 4th St (Street Address of Principal Office)	- S. Apt 917	6. <u>201</u> 4tr (Mailing Address)	St S, Apt 917
St Petersla		St Peter	Sbrg, FL 33701
			<u>10</u>
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Mara Eluzer		
Office Address:	2014th St.S. Apt	-917	ů
			60

St PeterStourg_____. Florida 33701 (City) (Zip code)

Registered agent's acceptance:

⁴*Aving been named as registered agent and to accept service of process for the above stated limited liability company at the place fesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree o comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ind accept the obligations of my positiop as registered agent.*

Mack ffr. (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:	<u>Na</u>	me and Address:
Manager	Name: Mara Clarce	Manager	Name:	
Member	Address: 201 4-111 St-S	Member	Address:	
Authorized	Apt 917	Authorized		
Person	St. Retursburg, FL 33701	Person	·	
□Other	Other	Other	0	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:	<u></u>
Authorized		Authorized		·····
Person		Person		
□Other	Other	Other	00	Other

mportant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonndexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

• Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the irisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath f the translator must be submitted)

0. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information ibmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mara Glazer Typed or printed name of signee

STATE OF MARYLAND Department of Assessments and Taxation

1, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT THE BIZZY BUZZ, LLC (W14242986), REGISTERED AUGUST 05, 2011, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 29, 2021.

Michael L. Higgs Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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