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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #	7)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

ECT:Name	of Limited Liability Company	_
	Company for Authorization to Transact Business in Floric referenced foreign limited liability company to transact by	
return all correspondence concerning this matter to	the following:	. ,
Charles Barr		-
	Name of Person	· .
Barr Dynamics LLC		
	Firm#Company	 ·. ·
9801 Collins Ave. # 3X		
	Address	<u> </u>
Bal Harbour, FL 33154		
C	ity/State and Zip Code	
charlesbbarr@gmail.com		1
E-mail address: (to be	used for future annual report notification)	_ /
ther information concerning this matter, please cal	Ŀ	<i>f</i> .
Charles Barr	305 3420008	/
Name of Contact Person	at () Area Code Daytime Telephone Number	 ·
Mailing Address:	Street Address:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPITANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate n	anic adopted for the purpose of transacting business in FE	orida. The ali	ternate name must include "Limited Liability Company,"	"I. I. C," or "I.I C
Delaware				
(Jurisdiction under the law of wh	ach foreign limited liability company is organized)	3	(LF1 number, (l'applicable)	•
				•
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 705 0905; F.S. to determine	registration)		:
	(See sections 605 0904 & 605 0905; F.S. to determ	ne penalty la	abaluy)	,
9801 Collins Ave.		4	801 Collins Ave.	
reet Address of Principal Office)		0	(Mailing Address)	: -
# 3X		<i>#</i>	3X	
Bal Harbour, FL 33154			3al Harbour, FL 33154	<u>+</u> _
Name and street address	of Florida registered agent: (P.O. Box	<u>NOT</u> ac	ceptable)	\\\-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Name:	Charles Barr			
Office Address:	9801 Collins Ave. # 3X			\
	Bal Harbour		33154 , Florida	

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: Title or Capacity: Name and Address: Name: Charles Barr ■ Manager □Manager Name: _____ 9801 Collins Ave. ■Member Address: 🗀 Address: ____ □Member #3X □ Authorized □ Authorized Bal Harbour, FL 33154 Person Person □Other____ □Other____ □Other □Other □Manager Name: _____ □Manager □Member Address: □Member Address: ... □Authorized □ Authorized Person Person □Other_____ □Other____ □Other □Other _ Name: □Manager □ Manager Name: Address: □Member ☐ Member Address: □ Authorized □ Authorized Person Person □Other_____ □Other \square 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 \$.817,155, F.S. (holez Bon Signature of an authorized person Charles Barr

Typed or printed name of signee

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Delaware The First State

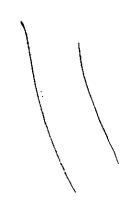
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BARR DYNAMICS 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 SECOND DAY OF FEBRUARY, A.D. 2021.





Authentication: 202423653

Date: 02-02-21