1421000004559

(Requestor's Name)
(Address)
(Address)
(idologo)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Lecondso Linity Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900361777819

04/01/21--01018--009 **125.00





TO: Registration Sect	ion . ·	ER LETTER	ê ,	 u	:•	
Division of Corpo	rations nei Investments L	.LC				
	Name of Li	mited Liability C	Company		-	
	by Foreign Limited Liability Compa bmitted to register the above referen					
Please return all correspond	lence concerning this matter to the fo	ollowing:				
Pro	cessing					
	Nan	ne of Person			•	
Cor	oorate Capital Ind	O .			202	
	Firr	n/Company			2021 APR	<u> </u>
784	8 W Sahara Ave				1	, ersten
		Address			- P	; 6 1
Las	Vegas				PH 1: 2'	الحيية
	_	te and Zip Code		t ·	9	
proce	essing@corporat	•				
_	E-mail address: (to be used	for future annual	report notification)		•	
For further information con	cerning this matter, please call:					
Process	ing	702	623-2500			
	ame of Contact Person	Area Code	Daytime Telephone	e Number	•	
MAILING ADDI Division of Corpo Registration Section P.O. Box 6327 Tallahassee, FL 32	rations on		STREET ADDRESS: Division of Corporation: Registration Section Clifton Building 2661 Executive Center C Tallahassee, FL 32301			
	k for the following amount: payable to: FLORIDA DEPARTM	IENT OF STAT	TE			
2 \$125.00 Filing	· · · _	\$155.00	Filing Fee & S16	0.00 Filing tatus & Cer		

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

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA SECTUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE SECTE OF FLORIDA:

·	imited Liability Company, must include "Lir	mited Liability Company," "L. L. C.," or "LLC.")		
ime imavailable, enter alternate na	ane adopted for the purpose of transacting business in	n Florida. The alternate name must include "Limited Liability Company," "L. L. C," of		
<u>NEVADA</u>		3		
	ich föreign lumted hability company is organized)	(FEI number, il applicable)		
Jpon Filing				
	(Date first transacted business in Florida, if priorise sections 605 0904 & 605,0905, F.S. to det			
7901 4th St N STE 300		_{6.} 7848 W Sahara Ave		
(Street Address of P	·	(Mailing Address)		
ot. Petersbi	urg, FL 33702	Las Vegas NV 89117		
ame and <u>street addres</u>	s of Florida registered agent: (P.O. B	Box NOT acceptable)		
	Northwest Registered Agent LLC			
Name:				
	ZOOA ALL OLKLO	7901 4th St N STE 300		
Office Address:	7901 4th St N S	1E 300		
Office Address:	7901 4th St N S St. Petersburg	33702 - Florida		

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: Laleh Baghaei Ravari Manager Manager Manager Name: Address: 7901 4th St N STE 300 ☐Member Member Address: __ __ ___ St. Petersburg, FL 33702 Authorized Authorized Person Person Other_ Other Other Manager Manager | Member Address: _____ ☐ Member Authorized Authorized Person Person Other Other Other Other____ Manager Name: _____ ___ Manager Name: _____ Member Address: Member Address: Authorized Authorized Person Person 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. Laleh Baghaei Ravari

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

2021 APR -1 PH certification

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 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, **Baghaei Investments 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 03/22/2021, and is in good standing in this state.

Certificate Number: B202103221527605

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 03/22/2021.

Barbara K. Cegarste

BARBARA K. CEGAVSKE

Secretary of State