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## COVER LETTER

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то:	Registration Section Division of Corporations	;		•		u)
SUBJE	HAPPYSTANCE LL	C				
0.0.00	<u> </u>	Name of Lim	ited Liability (	Company	<u> </u>	_
		ign Limited Liability Company to register the above reference				
Please r	eturn all correspondence co	oncerning this matter to the following	owing:			
	LOVETTE DOE	SON				
		Name	of Person			_
		F:	*			_
	Firm/Company					
	17350 STATE H	WY 249 #220				_
		Ac	ldress			
	HOUSTON, TX	77064				
		City/State	and Zip Code			_
	EFILE1234@INC	FILE.COM				
		E-mail address: (to be used for	future annual	report notificat	tion)	_
For furt	her information concerning	this matter, please call:				
	LOVETTE DOBSON	at	1	888-462-345 _)	53	_
	Name of	Contact Person	Area Code	Daytime	Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET AD Division of Co Registration S Clifton Buildin 2661 Executiv Tallahassee, F	orporations ection ng re Center Circle	
	Enclosed is a check for the Please make check payabl	e following amount: e to: FLORIDA DEPARTME	NT OF STA	TE		
	S125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status		Filing Fee & ed Copy	S160.00 Filing of Status & Ce	Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

anna mana ukukla antar ak	ame adopted for the purpose of transacting business in Florida. The a	Describe name must include "Limited Linkly, Commun." "11.3.C."	or "LLC
	ame adopted for the purpose of transacting obstness in riorida. The a		or Li.
CONNECTICUT	3.	813693517  (FEI number, if applicable)	
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	(FEI number, if applicable)	
	(Date first transacted business in Florida, if prior to registration	.)	
56 ARBOR ST	(Date first transacted business in Florida, if prior to registration (See sections 605 0904 & 605 0905; F.S. to determine penalty	fability) 56 ARBOR ST	
(Street Address of	Principal Office) 6.	(Mailing Address)	
		·	
HARTFORD, CONNE	CHC01 06106	HARTFORD, CONNECTICUT 06106	
Name and <u>street addre</u> :	ss of Florida registered agent: (P.O. Box <u>NOT</u> :	acceptable)	
	ss of Florida registered agent: (P.O. Box <u>NOT</u> :  LEGALINC CORPORATE SERVICES INC.	÷	
Name and street address  Name:  Office Address:		21 A	<u>-1</u>
Name:	LEGALINC CORPORATE SERVICES INC.	33907	
Name:	LEGALINC CORPORATE SERVICES INC. 5237 SUMMERLIN COMMONS, SUITE 400	21 1/2/15	FILED

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: \_\_ ISRAEL GALARZA Manager Manager Name: \_\_\_\_\_ Address: 514 RIVERSIDE AVE ■ Member ☐ Member Address: \_\_\_\_\_\_ Authorized Authorized TORRINGTON, CT 06790 Person Person Other Other\_\_\_\_\_\_ Other\_\_ Other\_\_\_\_ Manager Manager Name: \_\_\_\_\_ Member Address: \_\_\_\_\_ Member Address: \_\_\_\_\_\_ ☐ 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. Jersel Galarsa ISRAEL GALARZA

Typed or printed name of signee

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

## HAPPYSTANCE LLC

a domestic limited liability company, were filed in this office on July 27, 2015.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

in Menk

Date Issued: April 12, 2021

Business ID: 1182109 Express Certificate Number: 2021236048001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov