

5/24/2021

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : KAYALI & CO., P.A.
Account Number : I20160000100
Phone : (813)899-9642
Fax Number : (813)899-9793

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Info@lcprosk.com

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2021 JUN -3 PM 12:22

STATE OF FLORIDA

Foreign Limited Liability Company
ABOU ELMAJD & YAHYA TRADING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$125.00

RECEIVED

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABOU ELMAJJ & YAHYA TRADING 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:

Name of Person
KAYALI & CO., P.A.

Firm/Company

Address
10630 N 56TH ST., STE 205
TAMPA, FL 33617

City/State and Zip Code

E-mail address: (to be used for future annual report notification)
INFO@CPAOSK.COM

For further information concerning this matter, please call:

OSAMA S KAYALI, CPA at (813) 899-9642

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

42/000207/023

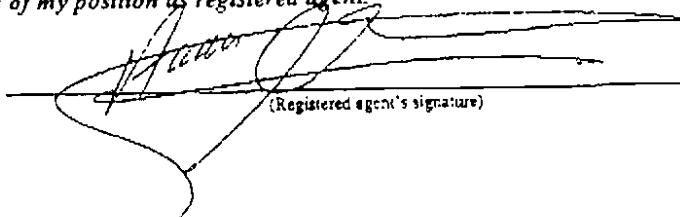
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:1. ABOU ELMAJD & YAHYA TRADING LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. OREGON
(Jurisdiction under the law of which foreign limited liability company is organized)3. 46-4366249
(FEI number, if applicable)4. 1/1/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 5219 SHADOW LAWN AVE
(Street Address of Principal Office)6. 5219 SHADOW LAWN AVE
(Mailing Address)TAMPA, FL 33610TAMPA, FL 336107. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: ALAA EDDINE M ABOU-ELMAJDOffice Address: 5219 SHADOW LAWN AVETAMPA, Florida 33610
(City) (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)FILED
2021 JUN -3 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FL

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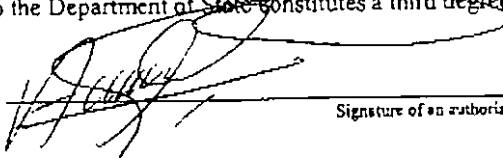
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: ALAA EDDINE ABOUELMAJD	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 5219 SHADOW LAWN AVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	TAMPA, FL 33610	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.
 ALAA EDDINE ABOUELMAJD

Typed or printed name of signer

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Jun. 2. 2021 3:27PM

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No. 9484 P. 3/3

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 258P252V1

I, SHEMIA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

ABOU ELMAJD & YAHYA TRADING LLC

is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

A handwritten signature in black ink, appearing to read "Shemia Fagan".

SHEMIA FAGAN, SECRETARY OF STATE

6/2/2021

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