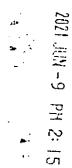
# x 7104

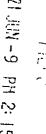
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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"UN 1 U 2021 grannle:

### Incorporating Services, Ltd.

incserv°

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

### **ORDER FORM**

**TO** Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

**REQUEST DATE** 6/8/2021

**PRIORITY** Regular Approval

OUR REF\_#\_(Order\_ID#)] 924152

ORDER ENTITY

AWNING BROKERAGE HOLDINGS LLC

PLEASE PERFORM THE FOLLOWING SER	VICES:
AWNING BROKERAGE HOLDINGS LLC	(FL)

File the attached foreign qualification document

NOTES:\_\_

\$125.00 Authorized

#### RETURN/FORWARDING INSTRUCTIONS:\_

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, June 8, 2021 Page 1 of 1

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Awning Brokerage Ho				
(value of roteign	Limited Liability Company; must include "Limite	d Liability Co	ntpany," "L.L.C.," or "ELC.")	<del></del>
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida. The alteri	rate name must include "Limited L	iability Company," "L. L. C," or "L1,C,")
Delaware 2.	hich foreign limited liability company is organized)	3.	1-3924950	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI num	ber, if applicable)
N/A 4				
-	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determi	registration ) ne penalty liabil	Ry)	
560 Haight Street, Apt		560 6.	Haight Street, Apt 106	
Street Address of Principal Office)		U	(Mailing Address)	
San Francisco, CA 941	17	Sa	n Francisco, CA 94117	
			-	
		_		
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acce	ptable)	2021 504-0
Name:	CT Corporation System		_ <del>_</del>	6
Office Address:	1200 C! D' 1.4			PH
Office Address:	1200 South Pine Island Road	_	<u> </u>	* 5 E
	Plantation	_	Florida <u>3332</u> 4	. 15
	(Cry)		(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.

Eric Jensen, Assistant Secretary, C T Corporation System
(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: Danaus Chang Name: Shri Ganeshram □ Manager □ Manager Address: \_ 7925 Vista Ridge Dr South Address: 560 Haight Street, Apt 106 □Member □ Member Fort Worth TX 76132 San Francisco, CA 94117 ☐ Authorized ☐ Authorized Person Person President ■Other\_CEO **■**Other\_ □ Other\_\_\_\_ Other\_\_\_\_ Name: \_ Steve Bintz ■ Manager □Manager Address: \_ 12 Windsor Way ☐ Member ☐ Member Address: \_\_\_\_\_ Fairport, NY 14450 □ Authorized □ Authorized Person Person □Other □Other \_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ □ Manager □ Manager Name: \_\_\_\_\_ □Member Address:  $\square$ Member Address: □ Authorized □ Authorized Person Person □Other □ 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. Signature of an authorized person

Danaus Chang



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

DELAWARE, DO HEREBY CERTIFY "AWNING BROKERAGE HOLDINGS, 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 EIGHTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AWNING BROKERAGE HOLDINGS, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF FEBRUARY,

A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203396131

Date: 06-08-21