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(Requestor's Name)				
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PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: CAZA Enterprises, LL	C	
Name of 1	Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Com Existence, and check are submitted to register the above refer		
Please return all correspondence concerning this matter to the	e following:	
lisa Speakman	·	_
₹ N	fame of Person	
LISA Speakman CAZA Enterpixs		
F	irm/Company	
765 W Garne I	or.	
	Address	•
Ed George Kilan	n El 2000	
St. George Island	o, FL 32328 State and Zip Code	
•		
lisa e cazacons	ULTING- COM	28 21
E-mail address: (to be use	d for future annual report notification)	. <u></u>
For further information concerning this matter, please call:		ANYTHE STREET
Lisa Sneakman	at (706) 851-5764	
Name of Contact Person	Area Code Daytime Telephone Number	FR SIATE
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303	
Enclosed is a check for the following amount: Please make check payable to:,FLORIDA DEPAR'	TMENT OF STATE	
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate		
Certificate of Sta	-	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	IGN LIMITED LIABILITY
1 CAZA Enterniscs, Lic	
(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 Compa.	uny," "L.L.C," or "LLC.")
2. 6Corsia Secretary of State (Jurisdiction ander the law of which foreign whited liability company is organized) 3. 46-1983050 (FEI number, if applicable)	le)
4. 5 01 2 (Date first transacted business in Florida, if prior to registration.)	
(See sections 605 0904 & 605.0905, F.S. to determine penalty liability)	
5. 381 Old (4m) (Dop 6. P.O. Box 368 (Mailing Address)	
Morganion, GA 30560 Morganion, GA 3	<u>0560</u>
	2821
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	JUN I
Name: Usa Speakman	PH PH
Office Address: 765 W Gome Dr.	TOWIE STATE 14:11
St. 6corge 6stand Florida 32328 (City)	

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:
□Manager	Name: Lish Speakmon	□Manager	Name: Donna Sterenson
Member	Address: 765 W Gorne Dr.	Member	Address: 765 W Gorre Dr.
□Authorized	St. Googe IGLAND, FL	□Authorized	St. George Island, FL
Person	32328	Person	32328
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	22 28 28 C
Person		Person	₩ ₩
□Other		□Other	Clother 🚾
			6 PH 5
□Manager	Name:	□Manager	Name:
□Member	Address:	□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. 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

USA Speakman

Threed or printed name of signer

Control Number: 13388913

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

CAZA Enterprises LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 21001988 Date Inc/Auth/Filed: 02/25/2013 Jurisdiction : Georgia Print Date : 06/14/2021 Form Number : 211



Brad Rafforeger

Brad Raffensperger Secretary of State



June 9, 2021

LISA SPEAKMAN CAZA ENTERPRISES, LLC 765 W GORRIE DR. ST. GEORGE ISLAND, FL 32328

SUBJECT: CAZA ENTERPRISES, LLC

Ref. Number: W21000083616

We have received your document for CAZA ENTERPRISES, LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

RECEIVED

Letter Number: 921A00012616