

M 210000007667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

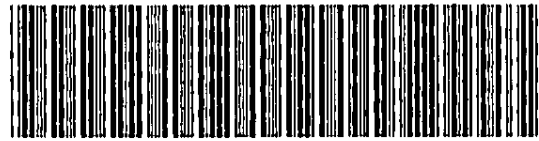
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2021

SHYNTAE CHRISTMAS
710 NW 53RD ST.
MIAMI, FL 33127

SUBJECT: THE LIVING ROOM LOUNGE LLC
Ref. Number: W21000085886

We have received your document for THE LIVING ROOM LOUNGE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Yvette Scott
Document Specialist II

Letter Number: 621A00013078

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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. The Living Room Lounge 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-3324978
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5244 NW 7th Ave.
(Street Address of Principal Office)

6. 710 NW 53RD ST
(Mailing Address)

Miami fl. 33127

Miami fl 33127

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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Shyntal Christmas

Office Address: 710 NW 53rd. St

Miami fl ~~33127~~ Florida 33127
(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.

[Signature]
(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:

Manager Name: DANITA CHRISTMAS

Member Address: 4971 Wakefield St.

Authorized Phila. PA. 19144

 Person (267) 593-7389

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: Destinee Christmas

Member Address: 4971 Wakefield St.

Authorized Phila PA. 19144

 Person (215) 990-6790

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

 Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

 Person _____

Other _____ Other _____

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 CLERK OF COURT
 STATE OF FLORIDA
 TAMPA

Manager Name: _____

Member Address: _____

Authorized _____

 Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

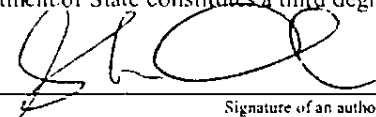
 Person _____

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

Shuntae Christmas

 Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE LIVING ROOM LOUNGE 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 FOURTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE LIVING ROOM LOUNGE LLC" WAS FORMED ON THE FIFTEENTH DAY OF APRIL, A.D. 2021.

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


SECRETARY OF STATE
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JUN 16 2021




Jeffrey W. Bullock, Secretary of State

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SR# 20212439716

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203439149

Date: 06-14-21