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(Address)

(Address)

(City/State/Zip/Phone #)

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APPROVED
FILED

JUN 24 2021

15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POPSTYLE TRENDZ 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:

ANDREW CLAYTON
Name of Person

POPSTYLE TRENDZ LLC
Firm/Company

936 PERRY DR APT. A
Address

PORT HUENEME, CA, 93041 -
City/State and Zip Code

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

For further information concerning this matter, please call:

ANDREW CLAYTON at (786) 859-4347
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

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. POPSTYLE TRENDZ 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. WYOMING
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-3637358
(FEI number, if applicable)

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

5. 7727 BALBOA ST
(Street Address of Principal Office)

6. 7727 BALBOA ST
(Mailing Address)

SUNRISE, FL
33351

SUNRISE, FL
33351

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

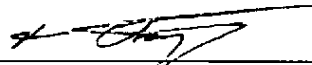
Name: ANDREW CLAYTON

Office Address: 7727 BALBOA ST

SUNRISE . Florida 33351
(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)

2021 MAY 14 PM 12:17
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE


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:	<u>ANDREW CLAYTON</u>		<input checked="" type="checkbox"/> Manager	Name:	<u>VENESHA CLAYTON</u>	
<input type="checkbox"/> Member	Address:	<u>7727 BALBOAST</u>		<input type="checkbox"/> Member	Address:	<u>7727 BALBOA ST</u>	
<input type="checkbox"/> Authorized		<u>SUNRISE, FL, 33351</u>		<input type="checkbox"/> Authorized		<u>SUNRISE, FL, 33351</u>	
	Person	_____			Person	_____	
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name:	<u>ZAHIEL ANDERSON</u>		<input type="checkbox"/> Manager	Name:	<u>BRIELLE CLAYTON</u>	
<input checked="" type="checkbox"/> Member	Address:	<u>7727 BALBOA ST</u>		<input checked="" type="checkbox"/> Member	Address:	<u>7727 BALBOA ST</u>	
<input type="checkbox"/> Authorized		<u>SUNRISE, FL, 33351</u>		<input type="checkbox"/> Authorized		<u>SUNRISE, FL, 33351</u>	
	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

ANDREW CLAYTON

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

POPSTYLE TRENDZ LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 3, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001001976**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 4th day of May, 2021 at 9:28 PM. This certificate is assigned ID Number 044300725.

