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11 2021



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

DATE 6/30/2021

(850) 656-4724

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ENTITY NAME INVICTA LOCAL LLC

DOCUMENT NUMBER

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XXXXX

Plain Copy Certified Copy Certificate of Status

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status Certificate of Status Reflecting:

**APOSTILLE' / NOTARIAL CERTIFICATION **

TOTAL OWED \$ 155.00

ACCOUNT # I20160000072

4: DW

Please call Tina at the above number	for any issues or concerns.	Thank you so much!
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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 Invicta Local LLC

lf name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The allo	mate name must include "Limited Liabilit	y Company,"	` "L.L.C." or '	τις.
Delaware		3.	35-4325269			
(Jurisdiction under the law of which foreign limited liability company is organized)		J	(FEI number, il	applicable)		-
On or after filing						
·	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) he penalty lia		_		
405 S EAST OSCEOLA AVE 5.		4 6	95 S EAST OSCEOLA AVE			
treet Address of Principal Office)		u. <u> </u>	(Mailing Address)			-
OCALA, FL 34471 U	S	0	CALA, FL 34471 US		<u>.</u>	_
		_				-
Name and <u>street addres</u>	as of Florida registered agent: (P.O. Box	<u>NOT</u> acc	reptable)	. "	2021	
Name:	Corporate Creations Network Inc.	-		دیم ب	5 1.11 I 202	• ;
Office Address:	801 US Highway 1				0 ·	7
	North Palm Beach		33408 , Florida	۹	l, 10: I	
	(Cuy)		(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.

/s/ Caitlin Lazarus Caitlin Lazarus, Special Secretary

(Registered agent's signature)



. B. 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 Canacity:	Name and Address:	Title or Capacity;	Name and Address:
⊡Manager	Name: Limmitte Beard	□Manager	Name:
🗆 Member	Address: 405 S EAST OSCEOLA AVE	⊡Member	Address: 405 S EAST OSCEOLA AVE
Authorized	OCALA, FL 34471 US	₩ Authorized	OCALA, FL 34471 US
Регноп		Person	
Dother	Dother	DOther	EOther
	James Julian Name.	□ Manager	Name:
□ Member	Address: 405 S EAST OSCEOLA AVE	DMember	Address:
Authorized	OCALA, FL 34471 US	□ Authorized	
Person		Person	
ElOther	E'Other	DOber	Other
∐Manager	Nume:	🗆 Manager	Name:
□Member	Address:	ElMember	Address:
DAuthorized		□ Authorized	
Person	·	Person	
DOther	Dther		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 constance, 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, 1 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.

-Signame et at autoresteption





The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INVICTA LOCAL 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 TWENTY-NINTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INVICTA LOCAL LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2021.

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



Authentication: 203564626 Date: 06-29-21

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SR# 20212584241 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1