

M21000008371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

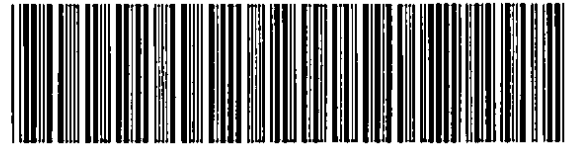
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Rec'd  
7-1-21/  
Mel Solomon

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2021 JUL -1 PM 12:35  
CLERK OF STATE  
JUL 1 2021

FILED

JUL 01 2021

M. SOLOMON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CADZ, 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:

Craig Holmes

Name of Person

CADZ, LLC

Firm/Company

406A FOURTH ST. APT. 724

Address

DELAWARE CITY, DE 19706

City/State and Zip Code

cadz21@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Holmes

Name of Contact Person

at 786

Area Code

988-0150

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**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &

Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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. CADZ, 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. 86-3729915  
(FEI number; applicable)

4. MAY 20<sup>th</sup> 2021  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 404A FOURTH ST. APT. 724  
(Street Address of Principal Office)

6. 6947 ROSLYN CT.  
(Mailing Address)

DELAWARE CITY, DE 19706

NORTH PORT, FL 34287

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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.

Corporation Service Company

By: [Signature]

(Registered agent's signature)

2021 JUL -1 PM 12:35  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

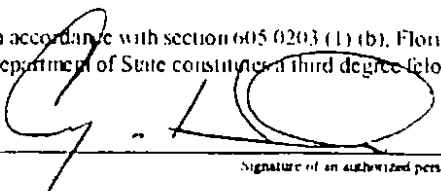
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name	<u>Craig Holmes</u>		<input type="checkbox"/> Manager	Name	_____	
<input checked="" type="checkbox"/> Member	Address:	<u>406 A 4th Street</u>		<input type="checkbox"/> Member	Address:	_____	
<input type="checkbox"/> Authorized Person		<u>Apt #724 Delaware City</u>		<input type="checkbox"/> Authorized Person		_____	
<input type="checkbox"/> Other		<u>Delaware 19706</u>		<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 Person		_____		<input type="checkbox"/> Authorized 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 Person		_____		<input type="checkbox"/> Authorized 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

2021 JUL -1 PM 12:35  
RECEIVED  
FLORIDA DEPARTMENT OF STATE

FILED

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "CADZ, 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 THIRTIETH DAY OF APRIL, A.D. 2021.



4635840 8300

SR# 20211537836

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203105343

Date: 04-30-21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 11, 2021

CRAIG HOLMES  
CADZ, LLC  
406A FOURTH ST. APT. 724  
DELAWARE CITY, DE 19706

SUBJECT: CADZ, LLC  
Ref. Number: W21000084739

We have received your document for CADZ, LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Mel Solomon  
Senior Section Administrator

Letter Number: 221A00012873

Rec'd  
7/21