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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: LEGALZOOM.COM INC. Account Name

Account Number : I20010000062 Phone

: (323)962-8600

Fax Number

: (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company FOURSUN FINANCIAL GROUP LLC

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K. SALY JUL - 2 2021

TO:

Registration Section

COVER LETTER

Div	FOURSUN FINANCIAL GROUP LLC			
SUBJECT:		Limited Liability	Сотралу	
The enclosed Existence, a	d "Application by Foreign Limited Liability Connd check are submitted to register the above refe	npany for Authoriz renced foreign lim	ation to Transactited liability con	Business in Florida," Certificate of spany to transact business in Florida.
Please return	n all correspondence concerning this matter to the	e following:		
	Cheyenne Moseley			
	1	Name of Person		
	Legalzoom.com, Inc.			
		Firm/Company		
	101 N Brand Blvd 11th Fl			
		Address		
	Glondalo, CA 91203			
	City/	State and Zip Cod	e	
	Jamesvnyc@gmail.com			
	E-mail address: (to be us	ed for future annu	al report notifica	tion)
For further i	information concerning this matter, please call:			
Ct —	heyenne Moseley	800 at (Telephone Number
	Name of Contact Person	Area Cod		
Dir Re P.C	ATLING ADDRESS: vision of Corporations egistration Section O. Box 6327 Allahassee, FL 32314		STREET AD Division of Co Registration S Clifton Buildi 2661 Executiv Tallahassee, I	orporations section ng ve Center Circle
Plo	nclosed is a check for the following amount: case make check payable to: FLORIDA DEPAR \$125.00 Filing Fee S130.00 Filing Fee Certificate of S	& 🗏 \$155.0	ATE 10 Filing Fee & fied Copy	S160,00 Filing Fee, Certificate of Status & Certified Copy

Page: 5 of 6

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

IN COMPLIANCE WITH SECTION (05.0902, PLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO RECUSTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FT ORIDA: FOURSUN FINANCIAL GROUP LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.J.C.," or "L.J.C."

	ame adopted for the purpose of transacting business in Fl	lorida. The after	nate name must include "Limited Liabil	ity Company," "LTLC," or "FEC
Defaware		3.	K5-0802172	
(funsdiction under the law of wh	ach foreign limited liability company is organized)	J. <u> </u>	(El number	, it applicable;
6/1/2021				
	(Dute first transacted business in Florida, if grout to (See tections 605 0904 & 605,0905, F.S. to determ	o registration.)	sility)	
315 11th St		6.	15 11th St	
(Street Address of F	tracipal Office)	o	(Mailing Addres	a)
Atlantic Beach, FL 322	233	Λ	tlantic Boach, FL 32233	
		_		نے _{مص}
	<u></u>	_		28.7. Z
Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> ac	ceptable)	JUL-
				SS: 1
			1 INIC	
Name:	UNITED STATES CORPORATION	V AGENTS	5, INC.	
Name:		N AGENTS		
Name: Office Address:	UNITED STATES CORPORATION 5575 S. Semoran Blvd., Suite 36	N AGENTS		Spirit Sp

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.

> CHEYENNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.

(Registered agent's signature)

(City)

From: Meghan S

2021-06-30 14:57:59 PDT

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):

Vitle or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name:	Manager	Name;	
■Member	Address: 315 11th Street	☐ Member	Address:	
Authorized	Atlantic Beach, FL 32233	Authorized		
- Person		Person		
Other	Other	Other		Other
				Domer 23
Manager	Name:	Manager	Name:	30
Member	Address:	☐ Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
)			
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. Nonindexed 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.

Olan	1	
- Jane	Signature of an authorized person	
James Vergara		
	Toned or printed came of signer	

Page: 4 of 6

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FOURSUN FINANCIAL GROUP 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 EIGHTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FOURSUN FINANCIAL GROUP LLC" WAS FORMED ON THE TWENTIETH DAY OF APRIL, A.D. 2020.

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





Authentication: 203482703

Date: 06-18-21

7941899 8300 SR# 20212491213

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