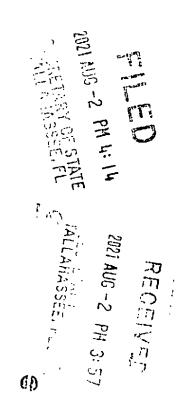
# M2100009950

(Requestor's Name)
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(City/State/Zip/Phone #)
. ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 939359 5123330

AUTHORIZATION :

COST LIMIT : \$\sqrt{1\chi\_25.00}

ORDER DATE : August 2, 2021

ORDER TIME : 2:35 PM

ORDER NO. : 939359-005

CUSTOMER NO: 5123330

\_\_\_\_\_

#### FOREIGN FILINGS

NAME: DAFFODIL TREASURES LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: _	Daffodil Treasur	es LLC						
	Name of Limited Liability Company							
The enclosed " Existence, and	Application by Foreign Limit check are submitted to registe	ed Liability Comer the above refe	pany for Authoriza renced foreign limit	tion to Tra ed liability	insact Business in Flori company to transact b	da." Certificate of usiness in Florida.		
Please return a	II correspondence concerning	this matter to the	e following:					
	Valerie Williams							
	Name of Person							
	<del></del>	F	irm/Company	- <u>-</u>		<del></del>		
	6205-A Peachtree Duny	voody Road						
	Address							
	Atlanta, GA 30328							
		City/S	itate and Zip Code	· <u>,,,</u>	<del></del>			
	valerie.williams@coxinc.c	om						
	E-mail ad	dress: (to be use	d for future annual i	report noti	fication)	<del></del>		
For further info	ormation concerning this matte	r. please call:						
Valer	ie Williams		678 at (	645-058	38			
	Name of Contact P	erson	Area Code	Dayti	ime Telephone Numbe	r		
Regis	ng Address: stration Section		Street Address: Registration Sec					
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee					
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Please			□ \$155.00 Filir	ig Fee &	□ \$160.00 Filing Fo	ee. Certificate 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

COMPANY IOTRANSACT BU	MENENY IN THE STATE OF FLORIDA:							
Daffodil Treasures LLC (Name of Foreign Limited Etability Company; must include "Limited Liability Company;" "L.L.C.," or "LEC.")								
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	Company,""L.L.C.," or "LLC.")					
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The a	alternate name must include "Limited Liab	ulity Company," "L.L.C,"	or "L.I.C.")			
Delaware								
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number,	- Campleaghle)				
Ourseletion under the law of which foreign timited habitity company is organized)			(CE) number,	, и аррисавіе (				
August 15, 2021								
4	(Date first transacted business in Florida, if prior to	registration	.)					
	(See sections 605 0904 & 605 0905, F.S. to determ	ine penalty	liability)					
6205-A Peachtree Dunwoody Road 5			PO Box 530255					
5. (Street Address of Principal Office)			(Mailing Address)					
Atlanta, GA 30328		Atlanta, Georgia 30353						
		-						
7. Name and street address	ss of Florida registered agent: (P.O. Box	: <u>NOT</u> a	cceptable)					
Nama	Corporation Service Company			· ~				
Name:			<del></del>	- st. 21				
0.00	1201 Hays Street			2021 AUS ULUBE 14 ULUBE 14				
Office Address:								
	Tallahassee		32301	3-2 PM NARY OF NUASSE	3			
	(City)		, Florida (Zip code)	— XA 📭				
	very /		(inp asse)	m, a	lane and			

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

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: Title or Capacity: Name and Address: Name: Valerie Williams Name: Blue Fin Manager LLC □Manager ■ Manager □Member Address: □Member Address: \_\_\_\_\_ 6205A Peachtree Dunwoody Rd 6205A Peachtree Dunwoody Rd Authorized ☐ Authorized Atlanta, GA 30328 Atlanta, Ga 30328 Person Person □Other\_\_\_\_ □Other □Other\_\_\_\_ □Other □Manager Name:  $\square$ Manager Name: \_\_\_\_\_ □Member Address: \_\_\_\_\_ □Member Address: \_\_\_\_\_ □ Authorized ☐ Authorized Person Person □Other □Other\_\_\_ □Other □Other\_\_\_\_\_ □Manager □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. Valerie Williams Signature of an authorized person

Typed or printed name of signee

Valerie Williams

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DAFFODIL TREASURES 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 SECOND DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAFFODIL TREASURES LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2021.

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

Authentication: 203818941

Date: 08-02-21

6121425 8300 SR# 20212863558