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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number : (855)330-1010

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

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## **Foreign Limited Liability Company Dam Brands LLC**



Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPLANTO TRANSLOT RUSINESS IN THE STATE OF FLORIDA:

Dam Brands LL	C				
(Name of Foreign I	imited Liability Company; ntust include "Limited	Liability Company," "L.l	C.," or "L1.C.")		
name unavailable, enter alternate na	me adopted for the purpose of transacting business in Flor	ida. The alternate name must in	clude "Limited Liability	Company," "L.L.C," or "LLC"	
Illinois		3			
(Junsdiction under the law of wh	sch foreign limited hability company is organized)	3. (FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	ne penalty liability)			
1418 High	wood Pl	6. 1418 Highwood Pl			
(Street Address of P	rincipal Office)		(Mading Addiess)		
Wesley Chapel FL 33543		Wesley	/ Chapel	FL 335 <u>4</u> 3	
		MOT and artifular		21	
Name and street addres	s of Florida registered agent: (P.O. Box	MOT acceptable)		6-2	
.,	Registered Agent	s Inc.		28 PR	
Name:	7901 4th St N ST		PM 1: 32		
Office Address:	1901 4th 3th 3 h			32 ATE	
	St. Petersburg	. Flori	33702		
	(Civ)		(Zip code)	<del></del>	

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.

المحمد

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: David Martin Manager Name: 7901 4th St N STE 300 Address: \_\_\_\_\_\_ ☐Member Member St. Petersburg FL 33702 Authorized ☐ Authorized Person Person Other Other\_\_\_\_ Other\_ Other\_\_\_\_ Name: Monica Martin Name: Manager Manager [X] Manager Address: 7901 4th St N STE 300 Address: Member Member St. Petersburg FL 33702 Authorized Authorized Person Person Other\_\_\_\_\_ Other\_ Other\_\_\_\_ Other\_\_\_\_ Manager Name: Manager Address: \_\_\_\_\_\_ Address: \_\_\_\_\_ Member Member 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

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.

of the translator must be submitted)

## File Number

0847794-9



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DAM BRANDS LLC. HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 14. 2020. APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of AUGUST A.D. 2021 .

Authentication #: 2121400754 verifiable until 08/02/2022
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE