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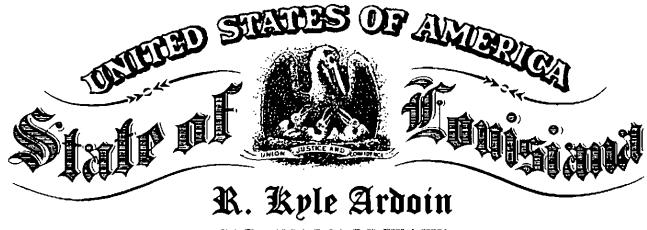
Registration Section

Division of Corporations	
SUBJECT: Having Mi	Name of Limited Liability Company
The enclosed "Application by Foreign Limited Lia Existence, and check are submitted to register the	ability Company for Authorization to Transact Business in Florida," Certificate o above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this n	natter to the following:
lyndsay	Name of Person
	S Wondurs, LL (Firm/Company
70381	Highway 21 Suits 2-234
Covir	Gity/State and Zip Code
LBAST E-mail address	SE (to be used for future annual report notification)
For further information concerning this matter, ple	ease call:
Lyndsay Bastion Name of Contact Person	at (<u>985</u>) <u>807 - 5333</u> Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
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
Enclosed is a check for the following am Please make check payable to FLORID S125.00 Filing Fee S130.00 Fi	A DEPARTMENT OF STATE

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

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida The altern	ale name must include "Lim	ated Liability Company,"	"L.I. C," or "	TLC ")	
2. Jurisdiction under the law of v	which foreign limited liability company is organized)	3	86-221	16313 I number, if applicable)		-	
4. Phygust	(See sections 605 0904 & 605 0905, F.S. to deter	lo registration) mine penalty liabili	ıÿ)				
5. 10380 Huy (Street Address of Principal Office)			70380 Hg	hway 21		_	
#2-	234		Suite	2-234		_	
<u>Covington</u>	LA-70433_		Covington,	, LA 7043	3	202	
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acce	ptable)		E T	2021 AUG 16	• • •
Name:	Madison McCormi	<u> </u>			27 07 8 20 7 8	A	
Office Address:	1094 Scenic Gulf	De. #	<u>5</u> 11		75.85 9.85 9.85 9.85 9.85 9.85 9.85 9.85	91 :Q	.
	Miramak Brach		Florida <u>3</u> 2	155 <u>0</u>			

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: Ď**M**anager Ď⁄Manager : Address: 102 □Member □Member ☐ Authorized □ Authorized Person Person Other___ □Other □Other Other Name: _____ □Manager □Manager Address: ____ □Member □Member Address: _______ □ Authorized ☐ Authorized Person Person □Other Other □Other □Other___ □Manager □Manager Address: □Member Address: _____ □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 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.



SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

HEAVEN'S WONDERS, LLC

Domiciled at COVINGTON, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on February 25, 2021,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 11, 2021

OF LOUIS TOUS TO THE PROPERTY OF STREET

Certificate ID: 11440654#YNJ62

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

L 12 fe 162 Secretary of State

Web 44296252K