## M21000 10969

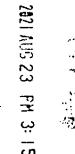
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:  CMailabite Carbon (23/2)
1527
W21000113690 604"

Office Use Only



800371335788

08/13/21--01018--027 \*\*130.00



200

## COVER LETTER

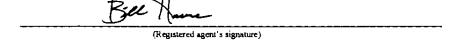
	rision of Corporations The Modern Stork LLC				
BJECT:					
MECT.	Name of Limited Liability Company		<del></del>		
	d "Application by Foreign Limited Liability Company for Authorization to Transact Business and check are submitted to register the above referenced foreign limited liability company to to				
ase retur	n all correspondence concerning this matter to the following:				
	Jennifer Arnett				
	Name of Person				
	The Modern Stork LLC				
	Firm/Company		-		
	25619 Risen Star Dr				
	Address		_		
	Wesley Chapel FL 33544		2 <b>8</b> 21 A		
	City/State and Zip Code	• .	ան 2		
	jenniferlauren.arnett@gmail.com	1.	ယ		
	E-mail address: (to be used for future annual report notification)	· · ·	- PH		
further	nformation concerning this matter, please call:	;	3: 15	•	
Je	ennifer Arnett 405 905-9415		വ		
	Name of Contact Person Area Code Daytime Telephon	e Number	_		
	AILING ADDRESS: STREET ADDRESS: vision of Corporations Division of Corporation	ıs			
Re	gistration Section Registration Section	Registration Section			
		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	closed is a check for the following amount: ase make check payable to: FLORIDA DEPARTMENT OF STATE				
_		0.00 Filing	g Fee, C	erti	
	Certificate of Status Certified Copy of S	Status & Ce	rtified	Cop	

## 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:

(Name of Foreign	Limited Liability Company, must include "Limite	d Liabilit	y Company," "L.L.C.," or	"I.I.C.'')			
f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	rida The al	itemate name must include "L	mated Liability C	ompany,"	"L.L.C, " or "	LLC.")
Delaware							
Characters under the law of all	hich foreign limited liability company is organized)	3.		(FEI number, if a	nolicable)		
				(PE) manasa, n e	ррислоку		
N/A - no busines:	s will be conducted prior to reg	istratio	on				
· <del></del>	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration	)	<del></del>	_		
25619 Risen Sta		ine penalty	հոհներ) 25619 Risen S	ar Dr			
		6					
(Street Address of F	nncipal Office)	0.	(N)				
Wesley Chapel F	L 33544		Wesley Chapel	FL 3354	4		
						2672	
					:: '	<u> </u>	
						AUG	· ;
					•	23	-
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	ecceptable)		•	PH	٠.
	Pagistared Agents Inc				-	بب	13.
N	Registered Agents Inc.				٠.	<u></u>	
Name:	7901 4th St N STE 300					O.	
007. 4.11	7901 4(1) 5( N 5) E 300						
Office Address:	Ct. Detection			700			
	St. Petersburg			702			
	(City)		Florida	(Zip code)	_		

and accept the obligations of my position as registered agent.



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:
Manager	Jennifer Arnett	☐ Manager	Name:	
Member	25619 Risen Star Dr Address:	Member	Address:	
Authorized	Wesley Chapel FL 33544	Authorized		
Person		Person		
)ther	Other	Other		Other
Manager	Name:		Name:	
Member	Address:	☐ Member	Address:	2021
Authorized		☐ Authorized		<u> </u>
Person		Person		23
Other	Other	Other		Other $\omega$
				<del>5</del>
☐Manager	Name:	Manager	Name:	
☐Member	Address:	Member	Address:	
Authorized		Authorized		
Person	<u> </u>	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. 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

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "THE MODERN STORK 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 TWENTIETH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE MODERN STORK LLC" WAS FORMED ON THE FOURTH DAY OF JANUARY, A.D. 2021.

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

2821 AUS 23 PH 3: 15

Authentication: 203717850

Date: 07-20-21

4611425 8300 SR# 20212753023