

Ma1000012556

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

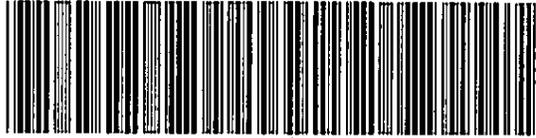
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

*Handwritten signature*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FOSWEN Enterprises, LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Bonnie Foster

Name of Person

FOSWEN Enterprises, LLC

Firm/Company

505 Beachland Blvd. Ste 1 PMB2011

Address

Vero Beach, Florida 32963-1798

City/State and Zip Code

bonniewen@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bonnie Foster

805

451 2952

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy     \$160.00 Filing Fee, Certificate of Status & 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FOSWEN Enterprises, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC")

2. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A
(FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 505 Beachland Blvd.
(Street Address of Principal Office)
Ste.1 PMB 2011
Vero Beach, Florida 32963-1798

6. 505 Beachland Blvd.
(Mailing Address)
Ste.1 PMB 2011
Vero Beach, Florida 32063-1798

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Bonnie Foster

Office Address: 505 Beachland Blvd. Ste. 1 PMB 2011

Vero Beach, Florida 32963-1798
(City) (Zip code)

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.

Bonnie Foster by
(Registered agent's signature)
Rebecca C Benton, attorney

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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:**

Manager Name: Bonnie Foster

Member Address: 505 Beachland Blvd.

Authorized Ste. 1 PMB2011

Person Vero Beach, Florida 32963-1798

Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

Manager Name: Geoffrey Foster

Member Address: 505 Beachland Blvd.

Authorized Ste. 1 PMB2011

Person Vero Beach, Florida 32963-1798

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

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.

Bonnie Foster and Geoffrey Foster  
Signature of an authorized person

My attorney Rebecca C Bentor  
Typed or printed name of signer

Bonnie Foster Geoffrey Foster

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**FOSWEN Enterprises, LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 21844150  
Date Inc/Auth/Filed: 05/21/2021  
Jurisdiction : Georgia  
Print Date : 09/16/2021  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State

Rebecca C Benton  
Attorney at Law  
P. O. Drawer 707  
(116 Sussex Retreat)  
Pooler, Georgia 31322

September 17, 2021.

Registration Section

Division of Corporations

P. O. Box 6327

Tallahassee, Florida 32314

Re: Registration of Georgia LLC (Foreign LLC) in Georgia

FOSWEN Enterprises, LLC

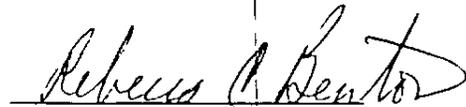
Dear Sirs or Madam:

I represent Bonnie Foster and Geoffrey Foster regarding the filling of their limited liability company as shown in caption to transact business in Florida. Enclosed please find your required filing fee and a timely certificate of existence of FOSWEN Enterprises, LLC from the Georgia Secretary of State's Office.

Please know that the Foster's Georgia address is 91 Yellow Jasmine Court, Pooler, Georgia 31322.

If you have any questions regarding this matter, please do not hesitate to contact me.

Respectfully,



Rebecca C Benton

912 663 0586

rbenton13@hargray.com

Cc: Bonnie Foster, Geoffrey Foster