

MA1000013018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

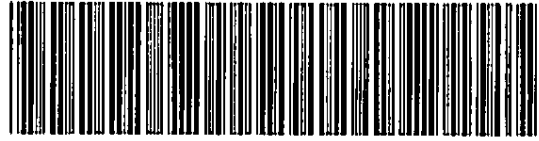
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WA-127289 *[Signature]*

Office Use Only



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09/20/21--01032--029 **125.00

FILED
2021 SEP 27 AM 9:45
TALLAHASSEE, FL
DEPARTMENT OF STATE

[Signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2021

DARREN DEGUIRE
1280 N RIVERSIDE DRIVE
POMPANO BEACH, FL 33062

SUBJECT: 993 STYLE LLC
Ref. Number: W21000127289

We have received your document for 993 STYLE LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 721A00022810

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 993 Style 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:

Darren DeGuire
Name of Person

Firm/Company

1280 N. RIVERSIDE DRIVE
Address

POMPANO BEACH FL 33062
City/State and Zip Code

darren@993STYLE.COM ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darren DeGuire at (954) 371-7977
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. 993 Style 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. Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47 - 2505403
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1280 N. Riverside Dr
(Street Address of Principal Office)

6. 1280 N. Riverside Dr
(Mailing Address)

Pompano Beach FL 33062

Pompano Beach FL 33062

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

Name: Darren DeGwire

Office Address: 1280 N. Riverside Dr.

Pompano Beach Florida 33062
(City) (Zip code)

FILED
2021 SEP 27 AM 9:45
CLERK OF STATE
TALLAHASSEE, FL

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.

[Signature]
(Registered agent's signature)

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: Manager
Name and Address: Name: Darren DeGuire
Address: 1280 N. Riverside Dr
Pompano Beach FL
33062
 Member
 Authorized
Person
 Other _____ Other _____

Title or Capacity: Manager
Name and Address: Name: Christina McKeynolds
Address: 1280 N. Riverside Dr
Pompano Beach FL
33062
 Member
 Authorized
Person
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

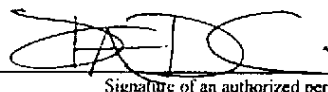
Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

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.



Signature of an authorized person

Darren DeGuire

Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

993 Style, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 8, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000676935**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 30th day of September, 2021 at 12:28 PM. This certificate is assigned ID Number 047202629.



Edward A. Buchanan
Secretary of State

**STATE OF WYOMING • SECRETARY OF STATE
EDWARD A. BUCHANAN
BUSINESS DIVISION**

Herschler Bldg East, Ste.100 & 101, Cheyenne, WY 82002-0020

Phone 307-777-7311

Website: <https://sos.wyo.gov> · Email: business@wyo.gov

**Validation of Certificate of Good Standing for
Certificate Issued 09/30/2021**

Validation Certificate Generated: September 30, 2021

Certificate number 047202629 is a valid number for a certificate of good standing issued by the Wyoming Secretary of State's office for **993 Style, LLC**, a **Limited Liability Company** formed or qualified under the laws of Wyoming on **12/08/2014**.