## M21000014748

(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:				

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300375885863

11/01/21-01034-011 8\*125.00 TILED 1/01/9

S. ROBERTS

NOV - 1 2021

## COVER LETTER

Registration Section

TO:

BJECT:	Name of Limited Liability Company				
enclosed tence, an	"Application by Foreign Limited Liability deheck are submitted to register the above	Company for Authorization to Transact Business in Florida." Certifica referenced foreign limited liability company to transact business in Florida.			
se return	all correspondence concerning this matter	to the following:			
	ANGELICA MIJARES				
	Name of Person				
	ALL MY SONS BUSINESS DEVELOPMENT LLC				
	Firm/Company				
	2400 OLD MILL RD				
		Address			
	CARROLLTON, TX 75007				
		City/State and Zip Code			
	COMPLIANCE@ALLMYSONS.COM				
	E-mail address; (to b	e used for future annual report notification)			
urther in	formation concerning this matter, please ca	11:			
ANO	GELICA MIJARES	at (469 535-7020 Area Code Daytime Telephone Number			
	Name of Contact Person	Area Code Daytime Telephone Number			
Reg	ing Address: istration Section ision of Corporations	Street Address: Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tall	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DEF 125.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate			

## 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 COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

1. ALL MY SONS OF D	AYTONA I, LLC Limited Liability Company; must include "Limite	ed Liability Company, ""L.L.C.," or "L.L.C.")			
DELAWARE		Florida The alternate name must include "Limited Liability 87-3229613			
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FFI number, if applicable)			
4					
	(Date first transacted bissness in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) une penalty liability)	-		
2400 OLD MILL RD 5. (Street Address of Principal Office)		6. (Mailing Address)			
CARROLLTON, TX 75007		(Mailing Address)  CARROLLTON, TX 75007			
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2021 NOV SECKE I		
Name:	Corporation Service Company		3 - T		
Office Address:	1201 Hays Street		AHIO: 19		
	Tallahassee	32301 Florida	n		
	(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.

Lynn M. Cannelongo Lynn M. Cannelongo, AVP

(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:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Chris Generale	□Manager	Name: Name:
□Member	Address: 2400 Old Mill Rd	□Member	Address: 2400 Old Mill Rd
□Authorized	Carrollton, TX 75007	□Authorized	Carrollton, TX 75007
Person		Person	
President		■Other C.F.O.	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	<u> </u>
Person		Person	
□Other	Other	□Other	□Other
<b></b>			
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□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. Non-indexed individuals may be added to the index when filling 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

Chris Generale - President

Typed or printed name of signee

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ALL MY SONS OF DAYTONA I, 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 TWENTY-SECOND DAY OF OCTOBER, A.D. 2021.

Authentication: 204488714

Date: 10-22-21

6313711 8300 SR# 20213592085