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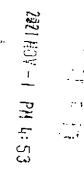
(Requestor's Name)				
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PICK-UP	MAIL MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

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COVER LETTER

	All Mar Command Transport II I I C			
SUBJEC			_	
	Nar	ne of Limited Liability Company		
The enclor Existence,	sed "Application by Foreign Limited Liability , and check are submitted to register the above	Company for Authorization to Transact Business in Florida, e referenced foreign limited liability company to transact business.	" Certificate o iness in Florida	
Please reti	urn 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		Address	Fi	
	Carrollton, TX 75007		797 NOV - 1	
	City/State and Zip Code			
	compliance@allmysons.com			
	E-mail address: (to b	oe used for future annual report notification)	·	
For further	r information concerning this matter, please ca	all:	PH 1: 53	
Angelica Mijares		469 535-7020 at ()	•	
_	Name of Contact Person	Area Code Daytime Telephone Number	-	
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
1	Callahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
P	inclosed is a check for the following amount: lease make check payable to: FLORIDA DE. \$125.00 Filing Fee \$130.00 Filing Fee Certificate	ee & S155.00 Filing Fee & S160.00 Filing Fee,		

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: All My Sons of Tampa II, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If same 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," Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.)
(Soo sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2400 Old Mill Rd 2400 Old Mill Rd. (Street Address of Principal Office) (Mailing Address) Carrollton, TX 75007 Carrellton, TX 75007 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallabassee

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 (Rogktered 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: Nick Bouras	
□Member	Address: 2400 Old Mill Rd.	□Member	Address: 2400 Old Mill Rd	
□Authorized	Carrollton, TX 75007	□Authorized	Carrollton, TX 75007	
Person		Person		
President	Other	GFO □ CFO	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	Other	Other	
			□Other <u>2</u> 321 NOV	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person	. w	
□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

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 TAMPA II, 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.

2821 NOV -1 PH 1: 53

Authentication: 204484216

Date: 10-22-21