

Ma10000/5089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

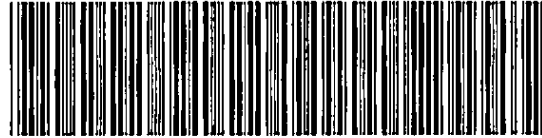
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500376039955

11/05/21--01022--019 **160.00

FILED
21 NOV -5 AM 8:57
CLERK OF COURT
NEW BRUNSWICK, NJ

T. LEMIEUX
NOV 13 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lap of Luxury Consultancy, 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:

Makyjah Palmer

Name of Person

Lap of Luxury Consultancy, LLC

Firm/Company

PO Box 250064

Address

Brooklyn, NY 11225

City/State and Zip Code

makyjah@lolconsultancy.com

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

For further information concerning this matter, please call:

Makyjah Palmer

929

324-1177

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. Lap of Luxury Consultancy, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

3 Angels Messages Rentals, 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 3. 87-1023707
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. Lap of Luxury Consultancy, LLC
(Street Address of Principal Office)

6. Lap of Luxury Consultancy, LLC
(Mailing Address)

172 Center Street Ste 202

PO Box 2869

Jackson, WY 83001

Jackson, WY 83001

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

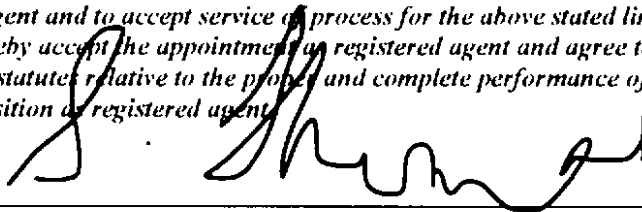
Name: Simone P. Thomas

Office Address: 3620 Rebel Run Dr Suite 3198

Orlando 32822
(City) , Florida (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.



(Registered agent's signature)

FILED
21 NOV -5 AM 8:58
CLERK OF CIRCUIT COURT
JACKSON, WYOMING

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: Sherinea Palmer
☐ Member Address: PO Box 250064
☐ Authorized Brooklyn, NY 11225
Person
☐ Other ☐ Other

☐ Manager Name: Zyion Palmer
☒ Member Address: 143 Walton Green
☐ Authorized Croydon, England
Person CR0 0TZ
☐ Other ☐ Other

☐ Manager Name: Simone Thomas
☐ Member Address: 3620 Rebel Run Dr, Suite 3198
☒ Authorized Orlando, FL 32822
Person
☐ Other ☐ Other

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

☒ Manager Name: Makyjah Palmer
☐ Member Address: PO Box 250064
☐ Authorized Brooklyn, NY 11225
Person
☐ Other ☐ Other

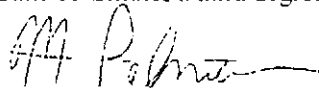
☐ Manager Name: Jahkeem Rose
☐ Member Address: 1435 Bedford St, Suite 21D
☒ Authorized Stamford, CT 06905
Person
☐ Other ☐ Other

☐ 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

Makyjah Palmer

Typed or printed name of signer

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,

Lap of Luxury Consultancy, LLC

is a

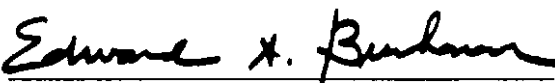
Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 3, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001010120**.

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 21st day of October, 2021 at 7:57 AM. This certificate is assigned ID Number 047572734.




Secretary of State