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## **COVER LETTER**

Registration Section

TO:

Division of Corporations			
SUBJECT:	ABFH LLC  Name of Limited Liability Company		
		Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida	
Please return	all correspondence concerning this matter t	o the following:	
	Cindy Block		
	Name of Person		
	ABFH LLC		
Firm/Company			
	2222 Damon Street		
	Address		
	Los Angeles CA. 90021		
	City/State and Zip Code		
	cindy@liquorlicense.com		
	E-mail address: (to be	used for future annual report notification)	
For further in	nformation concerning this matter, please cal	II:	
Cindy Block		213 417-2320 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	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Plca	losed is a check for the following amount: use make check payable to: FLORIDA DEP 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. ABFH LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") ABFH, LLC or ABFG L.L.C (If name unavailable, order alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") CA 87-3706229 (Jurisdiction under the law of which foreign limited liability company is organized) (F5I number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, P.S. to determine penalty liability) 2222 Damon Street Los Angeles CA. 90021 2222 Damon Street Los Angeles CA. 90021 5. (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) First Corporate Solutions, Inc. Name: 155 Office Plaza Drive Office Address: Tallahassee

## 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 agents) 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: Name: Craig Block Cindv Block □Manager ■ Manager Address: \_\_ 2222 Damon Street Address: 2222 Damon Street □ Member □Member Los Angeles, CA 90021 Los Angeles, CA 90021 Authorized Authorized Person Person □Other\_ Other\_\_\_\_ □Other\_\_\_\_ Other\_\_\_\_ □Manager Name: Name: □Manager Address: □Member Address: \_\_\_\_\_ □Member ☐ Authorized ☐ Authorized Person Person □Other\_\_ Other\_\_\_\_ Other\_\_\_\_ Other\_\_ Name: □Manager □ Manager Address: □Member Address: ☐Member □ 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. Nonindexed 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.

Typed or printed name of signee

Cindy Block



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:

ABFH LLC

File Number:

201902510834

Registration Date:

01/22/2019

**Entity Type:** 

DOMESTIC LIMITED LIABILITY COMPANY

Jurisdiction:

**CALIFORNIA** 

Status:

ACTIVE (GOOD STANDING)

As of December 22, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 23, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: RMVWEMR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <u>bebizfile.sos.ca.gov/certification/index</u>.