M 22000000 3020

(Ře	equestor's Name)	<u> </u>		
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



800381724438

02/14/22--01040--013 **155.00

SECRETARY OF STAIL ALLAHASSEE, FLORIC

COVER LETTER

TO:

TO:	Registration Section Division of Corporations
SUBJE	CT: BU22ELLI EQUITIES (IC Name of Limited Liability Company
	Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please 1	return all correspondence concerning this matter to the following:
	GAYLE DUZZELLI Name of Person
	Name of Person
	Firm/Company
	4974 GRASSY POND RO
	CHIPLEY FL 32428 City/State and Zip Code
	City/State and Zip Code
٠	gaylem buzzelle a grace.com
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Cayle Duzzelli at 85 598 6846 Name of Contact Person Area Code Daytime Telephone Number
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 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 \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABI COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	YTY
Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.," or "L.L.C.,"	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
f 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.")	
TEXAS (Jurisdiction under the law of which foreign limited liability company is organized) 3. 47-146 1097 (FEI number, if applicable)	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
Day 200 /201	
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)	
	7.1
1974 GRASSY POND ON 6. 4974 GRASSY FOND (Mailing Address)	(Cı
CHIPLEY FL CHIPLEY FL	
32428 32428	
<u> </u>	
. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
7022 TAL	
Name: CAMLE DUZZELLT Office Address: 4974 GRASSY POND RD CHIPLEY Florida 32428 RD City) Florida 32428 RD City code)	
Name: CHYCE DOZZECO	
Office Address: 4974 GRASSY POND OD TO	
FEST D	
CHIOLEY, Florida 3242872	
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 plac	
lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further ago o comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit	
and accept the obligations of my position as registered agent.	
Cayle Isyelle	
(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: Gayle BOZZELIE	□Manager	Name: James Duzzell
□Member	Address: 4974 GBASSY Bord	Member	Address: 4974 9/0957 8
Authorized	Chipley FL	Authorized	Chaley
Person	32428	Person	FL 32428
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
_	Other	□Other	Other

- 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

CAYLE BU22 ELLI

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



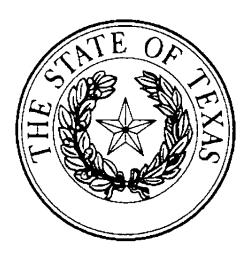
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for BUZZELLI EQUITIES, L.L.C. (file number 802033124), a Domestic Limited Liability Company (LLC), was filed in this office on July 24, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 08, 2022.



John B. Scott Secretary of State

Phone: (512) 463-5555