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TO: Registration Section Division of Corporations

GS#1715 LLC

SUBJECT: _____

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:

ROBERTO DI LENA C.P.A.

Name of Person

MTR & ASSOCIATES LLC

Firm/Company

703 WATERFORD WAY SUITE 805

Address

MIAMEEL, 33126

City/State and Zip Code

nvelez@mtrcpa.com

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

For further information concerning this matter, please call:

ROBERTO DI LENA C.P.A.	305 471-5874 at ()
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	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
Enclosed is a check for the following amount:	
Please make check payable to: FLORIDA DEI	PARTMENT OF STATE

■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLANCE WITH NECTION 605,002, FLORIDA SEATURES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

me unavailable, enter alternate name adopted for the purpose of transacting business in		
/yoming	3	87-3998381
(Jurisdiction under the law of which foreign limited fiability company is organized)	(EEI number, it applicable)	
(Date first transacted business in Florida, if prior i Nec sections 505 0004 & 605 t0005, F/S to deter	o registration	,,,
(See sections 505 0904 & 605 0905, F.S. to deter	mine penalty	hability)
1309 COFFEEN AVE STE 1200		401 71ST ST
et Address of Principal Office)	6.	(Mailing Address)
SHERIDAN WY 82801		MIAMI BEACH FL 33141
<u> </u>		
Name and street address of Florida registered agent: (P.O. Bo	NOT :	(contable)

703 WATERFORD WAY SUITE 805 Office Address: 33126 MIAMI Florida (City) (Zin code i

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 gent.

(Reputered agent's signal

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	Sun Gas Management Co LLC	□Manager	Name:	
□Member	Address: 520 NW 165 ST RD STE 101	□Member	Address:	
□Authorized	MIAMI, FL 33169	Authorized		
Person		Person		
Other	Other	□Other		⊡Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	<u></u>	
Person		Person		
□Other	Other]Other	<u>.</u>	□Other
□Manager	Name:	□Manager	Name:	
⊡Member	Address:	□Member	Address:	
□Authorized	·····	□Authorized		
Person		Person		
∃Other	Other	Dother		⊡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 document to provided for in s.817.155, F.S.

Superior of an authorized person	
Sun Gas Management Co L/C - MGR	
Red or printed name of signee	

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.

GS#1715 LLC

is a Limited Liability Company

formed or gualified under the laws of Wyoming did on December 10, 2021, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2021-001059708.

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 11th day of February, 2022 at 6:23 AM. This certificate is assigned ID Number 049850837.



Edward X. Secretary of

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.