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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: _	Nan	ne of Limited Liability	Company
The enclosed Existence, and	"Application by Foreign Limited Liability I check are submitted to register the above	Company for Authoriz referenced foreign lim	ation to Transact Business in Florida," Certificate of ited liability company to transact business in Florida.
Please return a	all correspondence concerning this matter t	o the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249 #220		
		Address	
	HOUSTON, TX 77064		
	(City/State and Zip Cod	e
	EFILE1234@INCFILE.COM		
	E-mail address: (to b	e used for future annua	al report notification)
For further in	formation concerning this matter, please ca	ill:	
LOV	/ETTE DOBSON	1 at (888-462-3453
	Name of Contact Person	Area Cod	e Daytime Telephone Number
Divi Regi P.O.	sion of Corporations istration Section Box 6327 ahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Encl Plea:	osed is a check for the following amount: se make check payable to: FLORIDA DE	PARTMENT OF STA	ATE
	\$125.00 Filing Fee S130.00 Filing Certificate		10 Filing Fee & S160.00 Filing Fee, Certific 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:

					
name unavailable, enter alternate n	ame adopted for the purpose of transacting business i	n Florida. The alternate name mu	ist include "Limited Liability	· Company," "L.E.C," e	or "LLC.")
Delaware		3			
(Jurisdiction under the law of which foreign limited hability company is organized) 3. (FEI number, iii)				f applicable)	
	(Date first transacted business in Florida, if pri				
	(Date first transacted business in Florida, it pri (See sections 605.0904 & 605.0905, F.S. to de	or to registration.)			
3003 N Federal Highw	ay	3003 N Fe	deral Highway		
(Street Address of	Principal Office)	0	(Mailing Address)		
Pompano Beach, FL 3:	3064	Pompano I	Beach, FL 33064		
	<u> </u>			2022 SEC	
				17. ECG	
				- \$ 5	<u> </u>
Nt	ss of Florida registered agent: (P.O.	Roy NOT acceptable)		B 28 PI	
Name and <u>suger addre</u>	ss of Profiled registered agent. (1.0.	Box <u>(101 acceptatore)</u>			177
	LEGALINC CORPORATE SERV	UCES INC		4 3: 2 STAT LOGBI	D
		——————————————————————————————————————		29 310/	
Name:					
Name:	5237 SUMMERLIN COMMONS.	SUITE 400			
Office Address:	5237 SUMMERLIN COMMONS,				
			33907		
			33907 orida		

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: Yardlene Tabora Name: _____ Manager Manager Member | Address: _____ ■ Member Address: _____ 222 W Yamato Rd Ste 106, Mailbox 306 Authorized ☐Authorized Boca Raton, FL 33431 Person Person Other_____ Other Other _ Other _____ Name: George Abbondante Name: _____ Manager | Manager Address: _____ ☐ Member ■ Member Address: ____ 222 W Yamato Rd Ste 106, Mailbox 306 Authorized Authorized Boca Raton, FL 33431 Person Person Other_____ Other____ Other ___ Other __ Name: Manager Name: ______ ☐ Manager Address: ______ Member Member Address: 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. Yardlene Tabora

Typed or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VENUS AND MARS INVESTMENT GROUP

LIMITED LIABILITY COMPANY" 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-THIRD

DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VENUS AND MARS INVESTMENT GROUP LIMITED LIABILITY COMPANY" WAS FORMED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202739619

Date: 02-23-22