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(Requestor's Name) (Address)	100383822621		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	03/25/2201011001 <b>20</b> 2125.00 <b>111:00</b>		
Certified Copies Certificates of Status	RECEIVED 2022 MAR 25 AM 10: 41 ALLAHASSEE, FLORE		
Office Use Only	S. FRANKLIN MAR 2 5 2022		

## **COVER LETTER**

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## TO: **Registration Section Division of Corporations**

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For further i

418 Kanuga Drive 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:

Firm/Company         2398 San Diego Avenue         Address         San Diego, CA. 92110         City/State and Zip Code         gbravo@smaha.com         E-mail address: (to be used for future annual report notification)         E-mail address: (to be used for future annual report notification)         Total	
2398 San Diego Avenue     Address       San Diego, CA. 92110     City/State and Zip Code       gbravo@smaha.com     E-mail address: (to be used for future annual report notification)       There information concerning this matter, please call:     Total address call:	
Address San Diego, CA. 92110 City/State and Zip Code gbravo@smaha.com E-mail address: (to be used for future annual report notification) T 00	
gbravo@smaha.com E-mail address: (to be used for future annual report notification)	
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	, <b>-</b>
	1114
Gustavo E. Bravo 619 688-1557	
Name of Contact Person         Area Code         Daytime Telephone Number	
Mailing Address:Street Address:Registration SectionRegistration Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee	
Tallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee S130.00 Filing Fee & S160.00 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 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. 418 Kanuga D		mited Liability Company," "L.L.C.," or "LLC.")	<u>.</u>
(Name of Foreign	Lamited Liability Company; must include "La	mited Liability Company, L.L.C., or "LLC.)	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business u	n Florida. The alternate name must include "Lumited Liability	Company," "L.L.C," or "LLC ")
2. Arizona	_	3(EEI number, it	
(Jurisdiction under the law of w	nch foreign limited liability company is organized)	(FEI number, if	applicable)
4			
	(Date first transacted business in Florida, if pric (See sections 605/0904 & 605/0905, F.S. to det	or to (egistration) termine penalty liability)	
<i>)</i> .	h Mesa Drive	6. 888 Prospect Stree	
(Street Address of F		(Mailing Address)	2027
Suite C100	)		2022 HAR
Mesa AZ	85210	La Jolla CA 92	2037 😚 🍈
7 Name and street addres	s of Florida registered agent: (P.O. E	Box NOT accentable)	HH 11: 00
The real street agenes	<u>m</u> of the state of agent. (110). I	acceptable)	00
Name:	Registered Ager	nts Inc.	1
Office Address:	7901 4th St N S	STE 300	

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.

, Florida \_\_\_\_\_337

Bee Have

St. Petersburg

(Registered agent's signature)

(Cav.)

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:	∎Manager	Edward Bergstrom	
Member	Address:	Member	Address:	
Authorized	La Jolla, CA. 92037	Authorized	San Diego, CA. 92107	
Person		Person	· · · · · · · · · · · · · · · · · · ·	
Other	Other	Other	Other	
□Manager	Name:	Manager	Name:	
Member	Address:	□Member	Address:	
Authorized	San Diego, CA. 92110	□Authorized		
Person		Person		
Other	□ Other	□Other	Other	
			N 7	
ПМалаger	Name:	□Manager	Name:	
□Member	Address:	Member	Address:	
Authorized		Authorized	;	
Person	<u></u>	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. 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

Gustavo E. Bravo

Typed or printed name of signee

