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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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TALLAHASSEE, FLORID,

T. LEMIEUX MAR 28 2022

COVER LETTER

A CONTRACTOR OF

TO:	Registration Section Division of Corporations						
SUBJI	SY24G CONSULTING LLC ECT:						
Name of Limited Liability Company							
		ty Company for Authorization to Transact Business in Florida, "Certificate of ve referenced foreign limited liability company to transact business in Florida.					
Please	return all correspondence concerning this matter	er to the following:					
	STAN YOO						
	Name of Person						
	SY24G CONSULTING LLC						
Firm/Company							
	740 LANAI CIRCLE UNIT 103						
		Address					
	INDIAN HARBOUR BEACH FL 32937						
		City/State and Zip Code					
	sy24g@yahoo.com						
	E-mail address: (to	be used for future annual report notification)					
For fu	rther information concerning this matter, please	call:					
STAN YOO		703 577-9222 at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D \$125.00 Filing Fee \$130.00 Filing Certificat	EPARTMENT OF STATE					



February 21, 2022

STAN YOO 740 LANAI CIR UNIT 103 INDIAN HARBOUR BEACH, FL 32937

SUBJECT: SY24G CONSULTING LLC

Ref. Number: W22000021745

We have received your document for SY24G CONSULTING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 322A00004248

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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 TOTRANSACT RUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate name adopted for the purpose of transacting business in F	lorida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C			
WASHINGTON	83-1629818			
(Jurisdiction under the law of which foreign limited liability company is organized)	3(FEI number, if applicable)			
02/07/2022				
(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty liability)			
740 LANAI CIRCLE UNIT103	740 LANAI CIRCLE UNIT103			
reet Address of Principal Office)	6. (Mailing Address)			
INDIAN HARBOUR BEACH, FL 32937	INDIAN HARBOUR BEACH, FL 32937			
·				
Name and street address of Florida registered agent: (P.O. Box	202			
Stan You	202			
Stan You	202			
Name: Stan Sco	202			
Stan You	FILED FILED FILED FILE			

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	<u>:</u>	Name and Address:
■Manager	Name: Stan Yoo	□Manager	Name:	
□Member	Address: 740 Ianai Circle Unit 103	□Member	Address:	
□Authorized	Indian Harbour Beach FL 32937	□Authorized		
Person		Person		
Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		<u>.</u>
Person		Person		
Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person	<u></u>	
□Other	Other	□Other		Other

<u>Important Notice:</u> 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

How your printed name of signer



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

SY24G CONSULTING LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 08/21/2018.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

1 FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 01/31/2022 UBI Number: 604 324 180

STATE ON A SHIME

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

te R Hobbe

Steve R. Hobbs, Secretary of State

Date Issued: 01/31/2022