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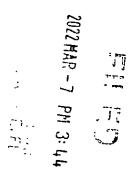
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Certified Copies	Certificates	s of Status			
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S. FRANKLIN MAR 2 9 2022

COVER LETTER

TO: Registration Section

Divi	sion of Corporations					
SUBJECT:	Otis and Wells, LLC	;				
20202017		Name of Limi	ted Liability	Company	- -	
				ation to Transact Business in Florida ted liability company to transact bus		
Please return	all correspondence concer	ning this matter to the follo	owing:			
	Rouzbeh Masrou				_	
		Name	of Person			
Firm/Company						
	5061 Otis Ave.					
		A	ldress			
	Tarzna, CA 9135	6			2022 MAR	
		City/State	and Zip Code		HAI	
	rmmres@gmail.com			<u> </u>		
	E-m	ail address: (to be used for	future annua	l report notification)	70	; · ; · ; · ; · ; · ; · ; · ; · ; ·
For further in	formation concerning this	matter, please call:		· · · · · · · · · · · · · · · · · · ·	PH 3: 41	یبر نمسید ا
Tu	sdie Fidler	at	(800	375-2453 x150		
	Name of Con	tact Person	Area Code	Daytime Telephone Number		
Div Reg P.O	IEING: ADDRESS: 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		
Enc Plea	losed is a check for the follose make check payable to:	owing amount: FLORIDA: DEPARTME	NT OF STA	ÎE		
	_	\$130.00 Filing Fee & Certificate of Status	S155.00	Filing Fee & \$160.00 Filing fied Copy of Status & C	-	

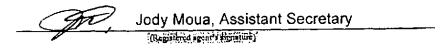
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.	Otis and Wells, LL	C Limited Liability Company; must include "Lim	ited Linbilit	v Compan	v." "TT.C	" or "LIC.")	<u>-</u> -		
	(**************************************	zanawa zasania, donpenji zasa nasida zas	2	, compan	, 2.2.C	, 0. 200. ,			
(If	name unavailable, enter atternate na	une adopted for the purpose of tracestating business in	Florida. The	hemate nam	e must inclu	de "Limited Liability (Company," "L.	L.C," or "LLC	i.")
2.	Alaska		3.						
	(Jurisdiction under the law of wh	ich foreign limited liability company is organized)				(FEI number, if	г ррис л енс)		
4.	02/24/2022						_		
		(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to date	to registration rmine penalty	r) liability)					
J	505 Old Steese Hw	vy Ste 122	6.	200 W	/. 34th .	Ave. #977		~-1	
	(Street Address of Principal Office)		.		(Mailing Address)			022	
	Fairbanks, AK 997	01.		Ancho	rage, A	K 99503)22 HAR	
		······································					i- iy	1	,
					<u> </u>			-0	ن.
7.	Name and street addres	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u>	acceptab	le)		Γ: · .	3: 14	285
	Name:	Paracorp Incorporated							
	Office Address:	155 Office Plaza Drive, 1st Flo	oor						
		Tallahassee			Florida	32301	_		
		(City)				(Zip code)			

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.



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: Title or Capacity: Name and Address: Title or Capacity: Name: Mojan Habibzadeh Name: Rouzbeh Masrour Manager Manager Manager Address: 5061 Otis Ave. Address: 5061 Otis Ave. ✓ Member Member Tarzna, CA 91356 Tarzna, CA 91356 Authorized Authorized Person Person Other _____ Other____ Other___ Other_ Manager Manager Manager Address: ____ Member Address: Member Authorized Authorized Person Person Other____ Other_ Other Name: Name: Manager Manager Member Address: _____ Address: ______ Member 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. Signature of an authorized person Rouzbeh Masrour

Typed or printed name of signee

