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## COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	AJCA INVESTMENTS, LLC					
		Same of Limited Liability Company				
The enclo Existence	osed "Application by Foreign Limited Liabile, and check are submitted to register the abo	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida				
Please ret	turn all correspondence concerning this matt	er to the following:				
	CARY A PEREZ					
	Name of Person					
Firm/Company						
200 SOUTH PARK ROAD SUITE 301						
		Address				
City/State and Zip Code						
	CARYPEREZ7@GMAIL.COM					
	E-mail address: (to	o be used for future annual report notification)				
For furthe	er information concerning this matter, please	call:				
(	CARY A PEREZ	305 902-8229 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
1 ] 1	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				
F	Enclosed is a check for the following amoun Please make check payable to: FLORIDA E  \$125.00 Filing Fee	DEPARTMENT OF STATE				

## 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 TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

AJCA INVESTMENTS	S, LLC				
(Name of Foreign	Limited Liability Company; must include "Limited	.iability Company,"	"L. L. C.," or "LLC.")		<del></del>
// (	name adopted for the purpose of transacting business in Flor				
	name adopted for the purpose of transacting business in Flor			olity Company," "E.L.C,"	or "L.E.C.")
DELAWARE 2.		88-20155 3.			
(Jurisdiction under the law of which foreign limited hability company is organized)		(FEI number, if applicable)			
5/31/22 4.					
+.	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	ustration ) penalty liability)			
5		6	g Address)		
Street Address of Principal Office)	<del>-</del> -	(Mailin	g Address)		_
1523 GABRIEL STREET		200 SOUTH PARK RD STE 301			
HOLLYWOOD, FL 33020		HOLLYWOOD, FL 33021			
7 Name and street address	s of Florida registered agent: (P.O. Box	VOT accentable)		1012 h	
r. rame and <u>street addres</u>	g of Florida registered agent. (F.O. Dox.)	<u>vor</u> acceptable)			ğ l Sentrase
Name:	CARY A PEREZ			24 I	
Office Address:	200 SOUTH PARK ROAD SUITE 301			AM 6: 21 SF STATE	
Critice reduces.	HOLLYWOOD		33021 orida	21.	
	(City)	, F	(Zip code)	<del></del>	

## 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.

(Registered agent's signature)

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: CARY A PEREZ	□Manager	Name: LEXY I PEREZ
<b>≅</b> Member	Address: 1523 GABRIEL STREET	□Member	Address: 1523 GABRIEL STREET
□Authorized	HOLLYWOOD, FL 33021	<b>■</b> Authorized	HOLLYWOOD, FL 33021
Person		Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□ Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□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.

Sumantic of an authorized person

Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY "AJCA INVESTMENTS, LLC" 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 SIXTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AJCA"

INVESTMENTS, LLC" WAS FORMED ON THE TENTH DAY OF MARCH, A.D. 2022.

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



Jestiney W. Budlock, Secretary of State

Authentication: 203444183