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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOL COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	LOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED I	LIABILITY
Proud Limited Liability Company; must include "Limited L	Liability Company " " I (" or " I (")	
OF A CALLY LC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida		c ¬
(Jurisdiction under the law of which foreign lumited hability company is organized)	3. 85-0738892 (FEI number, if applicable)	
4. 6 /20/20 22 (Date first transacted business in Florida, if prior to region (See sections 605 0904 & 605 0905, F.S., to determine)	pstration.) penalty liability)	
5. 123 natding +1WY (Street Address of Principal Office)	6. 249 Arlene St (Mailing Address)	
Elmer, NJ 08318	Staten is and	
	NY 10314	
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>N</u>		** **
Name: Amal Saad	#-	
Office Address: 1201. Kennedy Rd	PM 12: 06	<u>.</u>
Dytony beach	Florida	
Registered agent's acceptance: Having been named as registered agent and to accept service of pro-	ocess for the above stated limited linkilia.	

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]: Title or Capacity; Name and Address: Title or Capacity: Name and Address: Manager Amal Sand Manager Member Member Authorized ☐ Authorized Person Person Other Other_ Other____ Manager Member ☐ Member Address: ____ Authorized ☐ Authorized Person Person Other Other Other_ Other___ Manager Name: ___ Member Address; _____ ☐ 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 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.

Commonboealth of Uniquia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Proud LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on March 27, 2020; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

June 9, 2022

Bernard J. Logan, Clerk of the Commission