

MA2000012784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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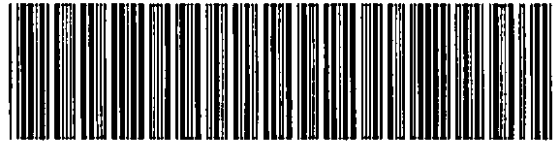
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
TALLAHASSEE, FLORIDA

T. LEMIEUX

AUG 16 2022

MS 01
2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FOZZ, LLC

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:

RODRICK L. TOBIN

Name of Person

SIEGEL, BARNETT & SCHUTZ, LLP

Firm/Company

415 S. MAIN STREET, SUITE 400

Address

ABERDEEN, SD 57401

City/State and Zip Code

JNELSON@SBSLAW.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RODRICK L TOBIN

605

225-5420

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 DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
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. FOZZ, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. SOUTH DAKOTA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-2978377
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2109 16TH AVE SE
(Street Address of Principal Office)

6. 2109 16TH AVE SE
(Mailing Address)

ABERDEEN, SD 57401

ABERDEEN, SD 57401

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: URS AGENTS, LLC

Office Address: 3458 Lakeshore Dr.

Tallahassee, Florida 32312
(City) (Zip code)

FILED
2022 AUG 15 PM 12:20
TALLAHASSEE, FLORIDA

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.

Kathy Clark
(Registered agent's signature)

Kathy Clark, Asst. Secretary

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:**

☐ Manager Name: MATTHEW ZELLER

☒ Member Address: 1007 29TH AVE NE

☐ Authorized ABERDEEN, SD 57401

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: TYLER FORSYTH

☐ Member Address: 2109 16TH AVE NE

☐ Authorized ABERDEEN, SD 57401

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: ROB ZAHN

☒ Member Address: 2402 16TH AVE NE

☐ Authorized ABERDEEN, SD 57401

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

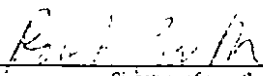
Person _____

☐ 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

Rob Zahn

Typed or printed name of signer

State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Limited Liability Company

I, Steve Barnett, Secretary of State of the State of South Dakota, hereby certify that

FOZZ, LLC

Business ID: DL229562

was authorized to transact business in this state on: June 27, 2022.

I, further certify that **FOZZ, LLC** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, August 11, 2022.

Steve Barnett

Steve Barnett
Secretary of State

08/11/2022 8:06 AM

Verification #: 015824832