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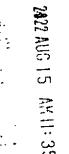
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S. ROBERTS AUG 1 5 2022

## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	Maya & Oron Investments LLC					
		me of Limited Liability Company				
		y Company for Authorization to Transact Business in Florida," Certificate of e referenced foreign limited liability company to transact business in Florida.				
Please	return all correspondence concerning this matter	to the following:				
	Maya Aharon					
		Name of Person				
	Maya & Oron Investments LLC					
	Firm/Company					
	c/o 4413 Coldwater Canyon Ave					
Address						
	Studio City, California 91604					
		City/State and Zip Code				
	mayaaharon@gmail.com					
	E-mail address: (to b	be used for future annual report notification)				
For fu	rther information concerning this matter, please c	all:				
	Maya Aharon	818 616-3336 at ( )				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address:		Street Address:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
	P.O. Box 6327	The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE  S125.00 Filing Fee S130.00 Filing F  Certificate	ee & 🗆 \$155.00 Filing Fee & 🗔 \$160.00 Filing Fee, Certificate				

## 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:

	idopted for the purpose of transacting business in Fi	orida. The al	ternate name must include "Limited Li	ability Company,"	"LLC," o	r"l.LC.
California			N/A			
Turisdiction under the law of which foreign limited liability company is organized)		3.	(FEI numb	r, il applicable)		
N/A						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration ) inc penalty li	ability)			
1040 Biscayne, Ste 2806		. 1	040 Biscayne, Ste 2806 (Mailing Address)			
eet Address of Principal Office)		0	(Mailing Address)			_
Miami, Florida 33132		8	Aiami, Florida 33132			
<del></del>	Florida registered agent: (P.O. Box	NOT_ac	cceptable)		UG 15 A	**************************************
Office Address:	40 Biscayne, Ste 2806			<del></del>	AH 11: 35	
Mi	iami		33132 . Florida			
	(City)		, Florida (Zip code)			

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: Name: Maya Aharon ■ Manager □Manager Name: \_\_\_\_\_ Address: \_\_\_\_\_ 1040 Biscayne, Ste 2806 **■**Member □Member Address: Miami, Florida 33132 ■ Authorized ☐ Authorized Person Person □Other Other Other □Other Name: \_\_\_\_ □Manager □Manager Name: □ Member Address: □Member Address: □ Authorized □Authorized Person Person □Other □Other\_\_\_\_\_ □Other □Other\_\_\_\_ □Manager Name: □ Manager □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 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. Mayalharan Signature of an authorized person

Typed or printed name of signee

Maya Aharon



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:

MAYA & ORON INVESTMENTS LLC

Entity No.:

202033510462

Registration Date: 11/24/2020
Entity Type: Limited Liabilit
Formed In: CALIFORNIA

Limited Liability Company - CA

Status:

Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 01, 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 033947229

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.