# M220000 13165

| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| (City/State/Zip/Frione #)               |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
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### COVER LETTER

| то:  | Registration Section Division of Corporations   | <b>5</b>   |  |  |  |  |
|--|---|--|--|--|--|--|
| SUBJ   | Uncle Zookie's LLC  |  |  |  |  |  |
| 50 D6  |   | ame of Limited Liability Company   |  |  |  |  |
| The er<br>Existe   | nclosed "Application by Foreign Limited Liabilit<br>nce, and check are submitted to register the above                                    | ty Company for Authorization to Transact Business in Florida," Certificate of ve referenced foreign limited liability company to transact business in Florida. |  |  |  |  |
| Please   | return all correspondence concerning this matte   | er to the following:   |  |  |  |  |
|  | Terri Land  |  |  |  |  |  |
|  | Name of Person  |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  | Firm/Company  |  |  |  |  |  |
|  | 9301 E Fountain St  |  |  |  |  |  |
|  | Address   |  |  |  |  |  |
|  | Mesa, AZ 85207  |  |  |  |  |  |
|  | -   | City/State and Zip Code  |  |  |  |  |
|  | unclezookies19@gmail.com  |  |  |  |  |  |
|  | E-mail address: (to   | be used for future annual report notification)   |  |  |  |  |
| For fu   | rther information concerning this matter, please  | call:  |  |  |  |  |
| David Antar  |   | 480 200-2008<br>at ( )   |  |  |  |  |
|  | Name of Contact Person  | at () Area Code Daytime Telephone Number   |  |  |  |  |
| Mailing Address: Registration Section Division of Corporations |   | Street Address:  |  |  |  |  |
|  |   | Registration Section   |  |  |  |  |
|  |   | Division of Corporations   |  |  |  |  |
|  | P.O. Box 6327   | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810   |  |  |  |  |
| Tallahassee, FL 32314  |   | Tallahassee, FL 32303  |  |  |  |  |
|  | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DI  S125.00 Filing Fee  S130.00 Filing I  Certificate | EPARTMENT OF STATE   |  |  |  |  |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (FEI number, if applicable)  n.) liability)  9301 E Fountain St (Mailing Address)            |   |
|--|---|
| n.)<br>Hability)<br>9301 E Fountain St   |   |
| 9301 E Fountain St   |   |
| 9301 E Fountain St   |   |
| 9301 E Fountain St   |   |
|  |   |
| (Mailing Address)  |   |
| Mesa, AZ 85207   |   |
|  |   |
| HASSER -   | FILE  |
| E CIR. APT 1135  | AN II   |
| Florida 34/09  | <u> </u>  |
| (Zip code)   |   |
|  |   |
|  |   |
| for the above stated limited liability compo<br>ered agent and agree to act in this capacity |   |
|  | acceptable)  ACCIR. Apt 1135  Florida 34109  (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: | <u>N</u> | ame and Address: |
|--------------------|---------------------------------|--------------------|----------|------------------|
| □Manager           | Name:                           | □Manager           | Name:    |                  |
| ■Member            | Address: 8926 E Hillview Circle | □Member            | Address: |                  |
| □Authorized        | Mesa, AZ 85207                  | □Authorized        |          |                  |
| Person             |                                 | Person             |          | <u> </u>         |
| □Other             | Other                           | □Other             |          | JOther           |
| □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             |          | lOther           |

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





## STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

#### Uncle Zookie's LLC

ACC file number: 23384130

was incorporated under the laws of the State of Arizona on 06/08/2022, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WEINESS WHEREOF. Thave bereanto set my hand, affixed the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 08/09/2022

Matthew Neubert, Executive Director