# M22000014029

| (Re                     | equestor's Name)       |
|-------------------------|------------------------|
| (Ac                     | ddress)                |
| (Ac                     | ddress)                |
| (Ĉi                     | ty/State/Zip/Phone #)  |
| PICK-UP                 | ☐ WAIT ☐ MAIL          |
| (Bu                     | usiness Entity Name)   |
| (Dx                     | ocument Number)        |
| Certified Copies        | Certificates of Status |
| Special Instructions to | Filing Officer:        |

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S. FRANKLIN SFP 1 2 2022

### COVER LETTER

|  | Registration Section<br>Division of Corporations   |   |                                       |  |  |  |
|--|--|---|---------------------------------------|--|--|--|
| SUBJECT  | ALHARMOOSH DEVELOPMENT GR  | ROUP LLC  |                                       |  |  |  |
| SUBJEA,  |  | Name of Limited Liability Company   |                                       |  |  |  |
| The enclos<br>Existence,   | sed "Application by Foreign Limited Liabili<br>and check are submitted to register the above | ty Company for Authorization to Transact Business in Florida,<br>ve referenced foreign limited liability company to transact busi | " Certificate of<br>iness in Florida. |  |  |  |
| Please retu  | arn all correspondence concerning this matte   | er to the following:  |                                       |  |  |  |
|  | ERIC R. SCHWARTZ, ESQ.   |   |                                       |  |  |  |
|  |  | Name of Person  | •                                     |  |  |  |
|  | WEITZ & SCHWARTZ, P.A.   |   |                                       |  |  |  |
|  | Firm/Company   |   |                                       |  |  |  |
|  | 900 S.E. 3RD AVENUE, SUITE 204   |   |                                       |  |  |  |
| Address  |  |   |                                       |  |  |  |
|  | FORT LAUDERDALE, FL 33316  |   |                                       |  |  |  |
| City/State and Zip Code  |  |   |                                       |  |  |  |
|  | eschwartz@weitzschwartz.com  |   | 2022 8                                |  |  |  |
|  | E-mail address: (to  | be used for future annual report notification)  |                                       |  |  |  |
| For further  | r information concerning this matter, please   | call:   | 9 P                                   |  |  |  |
| ŀ  | ERIC R. SCHARTZ  | 954 449-6254<br>at ( )  | 7. 6: 27                              |  |  |  |
|  | Name of Contact Person   | Area Code Daytime Telephone Number  | 27                                    |  |  |  |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Fl. 32314  Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP |  |   |                                       |  |  |  |
|  | ☐ \$125.00 Filing Fee  |   |                                       |  |  |  |

# 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:

|  | ELOPMENT GROUP LLC Limited Liability Company; must include "Limited   | Liability Company," "L.L.C.," or "LLC.")                 | <del></del>                           |  |
|--|---|--|---------------------------------------|--|
|  |   |  |                                       |  |
| (If name unavailable, enter alternate)   | name adopted for the purpose of transacting business in Flo   | rida. The alternate name must include "Limited Liability | Company," "L.L.C," or "LLC.")         |  |
| WEST VIRGINIA 2.   |   | 85-2925885<br>3  |                                       |  |
| (Jurisdiction under the law of which foreign limited liability company is organized) |   | 3. (Fi:l number, if applicable)                          |                                       |  |
|  |   |  |                                       |  |
| 1.   | (Date first transacted business in Florida, if prior to re<br>(See sections 605.0904 & 605.0905, F.S. to determin | gistration.)<br>e penalty liability)                     | _                                     |  |
| 2971 Valley Avenue   |   | P.O. Box 4038  |                                       |  |
| Street Address of Principal Office)  |   | 6. (Mailing Address)                                     | · · · · · · · · · · · · · · · · · · · |  |
| Winchester, VA 22601   |   | Winchester, VA 22604                                     | 20                                    |  |
|  |   |  | 120                                   |  |
|  |   |  |                                       |  |
| 7. Name and street addres  | ss of Florida registered agent: (P.O. Box   | NOT acceptable)  | 9<br>P                                |  |
|  |   |  | 7<br>m                                |  |
| Name:  | Weitz & Schwartz, P.A.  |  | e: 21                                 |  |
| Office Address:  | 900 S.E. 3rd Avenue, Suite 204  | <del> </del>   |                                       |  |
|  | Fort Lauderdałe   | 33316<br>. Florida                                       | _                                     |  |
|  | (City)  | (Zip code)   |                                       |  |

#### Registered agent's acceptance:

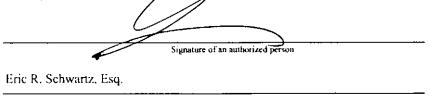
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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) Eric R. Schwartz, Ores.

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: Mohammed Alharmoosh                    | □Manager            | Name: Jawad Alharmoosh                   |
| ■Member            | Address: 3799 Akers Dr., Mt. Airy MD 21771   | ■Member             | Address: 3799 Akers Dr., Mt. Airy MD 21T |
| □Authorized        |  | □Authorized         |  |
| Person             |  | Person              |  |
| □Other             | Other  | □Other              | □Other                                   |
| □Manager           | Name:  | □Manager            | Name:                                    |
| ■Member            | Address: 16727 Bold Venture Dr., Leesburg, V | 4 20176<br>□ Member | Address:                                 |
| □Authorized        |  | □Authorized         |  |
| Person             |  | Person              |  |
| □Other             | Other  | □Other              | Other 12                                 |
| □Manager           | Name:  | □Manager            | Name:                                    |
| □Member            | Address:                                     | □Member             | Address:                                 |
| □Authorized        |  | □Authorized         |  |
| Person             |  | Person              |  |
| Other              | Other  | Other               | Other                                    |

- 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.



Typed or printed name of signee



# I, Mac Warner, Secretary of State of the State of West Virginia, hereby certify that

#### ALHARMOOSH DEVELOPMENT GROUP LLC

made application to the West Virginia Secretary of State's Office to be a registered limited liability company in the State of West Virginia on August 27, 2020. The application was received and found to conform to law.

The company is filed as an at-will company, for an indefinite period.

I further certify that the company has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Cancellation or Termination to the company.

Accordingly, I hereby issue this Certificate of Existence

## CERTIFICATE OF EXISTENCE

Validation ID:3WV6C\_2SPKQ

Given under my hand and the Great Seal of the State of West Virginia on this day of

September 06, 2022

Mac Warner

Secretary of State



August 3, 2022

ERIC R SCHWARTZ 900 SE 3RD AVENUE STE 204 FORT LAUDERDALE, FL 33316 US

SUBJECT: ALHARMOOSH DEVELOPMENT GROUP LLC

Ref. Number: W22000100858

We have received your document for ALHARMOOSH DEVELOPMENT GROUP LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 822A00017378

RECEIVED SEP 0 9 2022