M2200016155

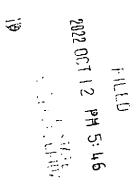
(Requestor's Na	ime)			
(Address)				
(Address)				
(City/State/Zip/F	Phone #)			
PICK-UP WAI	T MAIL			
(Business Entit	y Name)			
(Document Number)				
Certified Copies Certif	icates of Status			
Special Instructions to Filing Officer:				

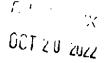
Office Use Only



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COVER LETTER

TO:

Registration Section

Divis	ion of Corporations						
SUBJECT:	BEST SERVICE DELIVERY, LLC						
SODULCI	Name of Limited Liability Company						
		ompany for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida.					
Please return a	all correspondence concerning this matter to	the following:					
	Hayley Botz						
	Name of Person						
	NCH Registered Agent						
		Firm/Company					
	4730 S Fort Apache Rd Ste 300						
		Address					
	Las Vegas, NV 89147						
	Ci	ty/State and Zip Code					
	madorzena@yahoo.com						
	E-mail address: (to be	used for future annual report notification)					
For further int	formation concerning this matter, please call	:					
Max	ime Dorzena	877 482-4086 at ()					
	Name of Contact Person	at ()					
Reg Divi P.O.	ing Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DEP. 125.00 Filing Fee	& 🗆 \$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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in F	tondo The			7 " m = 1 1 1
Nevada	hich foreign limited liability company is organized)	юнца. гве 3.	(FEI number, if		. (. or "I.()
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration	t.) liability)	_	
66 West Flagler St St	uite 900 #7674	6.	2300 Wyndham Palms Way (Mailing Address)		
Street Address of Principal Office)			(Mailing Address)	₹.	20
Miami, FL 33130			Kissimmee, FL 34747	• •	2022 OCT
				:	CT 12
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	k NOT	acceptable)	TA COMIN	PH 5: 46
Name:	NCH Registered Agent			₹,	an an
Office Address:	390 North Orange Ave., Ste.2300-N				
	Orlando		32801 , 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.

(Registered agent's signatule)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BEST SERVICE DELIVERY, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/04/2022, and is in good standing in this state.

Certificate Number: B202210063067250

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/06/2022.

BARBARA K. CEGAVSKE Secretary of State

Date of this notice: 10-06-2022

Employer Identification Number:

92-0611467

Form: SS-4

Number of this notice: CP 575 G

BEST SERVICE DELIVERY LLC MAXIME DORZENA SOLE MBR 2300 WYNDHAM PALMS WAY KISSIMMEE, FL 34747

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-0611467. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is BEST. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records.

CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999

Your	Telephone Number	Best Time to Call	DATE OF THIS NOTICE:	10-06-2022
() -		EMPLOYER IDENTIFICATIO	N NUMBER: 92-0611467
			FORM: SS-4	NOBOD