## M2200016233

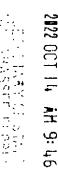
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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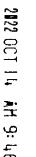
Office Use Only



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OCT 2 12022 M. SOLOMON

## 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:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	enda. The a	liemaie na	ime must include "Limited Liability Compa	my," "L. L. C," or "L,LC	. ")
Nevada (Juridiction under the law of w	hich foreign limited liability company is organized)	3.		(FEI number, if applicab	k)	
<del>.</del>	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	egistration. ic penalty l	) iability)			
10542 Plantation Bay	Drive	6		Plantation Bay Drive		
er Address of Principal Office)		0	(Ma	iling Addiess)		
Tampa, FL 33647			Tampa	a, FL 33647		
	· · · · · · · · · · · · · · · · · · ·	-	····		# 1. r	2022 OCT 14
		_				007
Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	cceptab	ole)	10 mm	F
<u> </u>	<b>2</b>			,	TS.	<u>&gt;</u> -
Name:	NCH Registered Agent					94:6
Office Address:	390 North Orange Ave., Ste.2300-N					
	Orlando			32801 Florida		
(Cuy)		'	(Zip code)			

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.

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	REFINED HOLDINGS LD. LLC		_				
	Name of Limited Liability Company						
		Company for Authorization to Transact Business in Florida eferenced foreign limited liability company to transact bus					
Please return	all correspondence concerning this matter to	the following:					
	Hayley Botz						
		Name of Person	-				
	NCH Registered Agent						
		Firm/Company	2122 OCT 14				
	4730 S Fort Apache Rd Ste 300						
	Address						
	Las Vegas, NV 89147						
	City/State and Zip Code						
	delvonj@gmail.com		4 9: <b>16</b>				
	E-mail address: (to be	used for future annual report notification)	_				
For further in	nformation concerning this matter, please call	:					
Del	von Jones	813 451-1860 at ( )					
	Name of Contact Person	Area Code Daytime Telephone Number	-				
	iling Address: gistration Section	Street Address: Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Plea	losed is a check for the following amount: use make check payable to: FLORIDA DEPA \$125.00 Filing Fee \$130.00 Filing Fee Certificate of	& $\square$ \$155.00 Filing Fee & $\square$ \$160.00 Filing Fee	•				

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: Delvon Jones	■Manager	Name: Lucia Jones	
□Member	Address:	□Member	Address: 10542 Plantation Bay Drive	
□Authorized	Tampa, FL 33647	□Authorized	Tampa, FL 33647	
Person		Person		
□Other	Other	Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	22 <b>22</b> 22 22 22 22 22 22 22 22 22 22 22 22	
Person		Person	<u> </u>	
Other	Other	Other		
□Manager	Name:	□Manager	Name:	
□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. 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.

Delvon Jones

Typed or printed name of signee

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, **REFINED HOLDINGS LD, 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 09/23/2022, and is in good standing in this state.

Certificate Number: B202210103073719

You may verify this certificate online at <a href="http://www.nvsos.gov">http://www.nvsos.gov</a>

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

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State