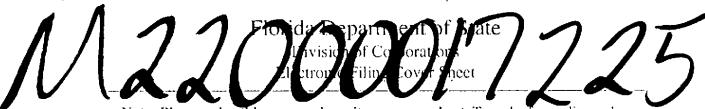
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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : 120220000070 : (888)462-3453

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: (877)919-2613

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## Foreign Limited Liability Company 21 WIN LLC

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K. SALY NOV 15 2022

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## COVER LETTER

PLODITECT.	21 WIN LLC					
SOBJECT:	Name of Limited Liability Company					
The enclosed Existence, and	"Application by Foreign Lumited Liability Company for Authorization to Transact Business in Florida," dicheck are submitted to register the above referenced foreign limited liability company to transact busing	Certificate of ess in Florida				
leuse return	all correspondence concerning this matter to the following:					
	LOVETTE DOBSON					
	Name of Person					
Firm/Company						
17350 STATE HWY 249 #220 Address						
	City/State and Zip Code					
	EFILE1234@INCFILE.COM					
	h-mail address: (to be used for future annual report notification)					
For further in	formation concerning this matter, please call:					
LOV	VETTE DORSON 1 888-462-3453					
	Name of Contact Person Area Code Daytime Telephone Number					
Divi Regi P.O.	HAING ADDRESS: sion of Corporations bistration Section Box 6327 chassee, Fl. 32314 Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301					
Plea	Insed is a check for the following amount: se make check payable to: FLORIDA DEPARTMENT OF STATE  \$125.00 Filing Fee \$\Bigsim \text{\$130.00 Filing Fee & }\Bigsim \text{\$155.00 Filing Fee & }\Bigsim \text{\$\$160.00 Filing Fee & }\Certificate of Status & Certified Copy \text{\$\$0f Status & Certified Copy}					

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

IN COMPLANCE WITH SECTION 6050502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

DELAWARE    Dursdiction under the law of which foreign finited liability company is organized)   3.	(Date this in (See sections v. 72d Ave Ste 455 #8270  (Street Address of Principal Office)
(Street Address of Florida registered agent: (P.O. Box NOT acceptable)  (Date first transacted business in Florida, if pixer to registration 1 (See sections 608 0900; 2 608 10008; F.S. to determine pearlity liability)  (Street Address of Principal Office)  (Street Address of Principal Office)  Miami, FL 33126  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	(Date first in (See Section) w 72d Axe Ste 455 #8270 (Street Address of Principal Office) FL 33126
1150 Nw 72d Ave Ste 455 #8270  (Street Address of Principal Office)  Miami, FL 33126  Miami, FL 33126  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	w 72d Ave Ste 455 #8270  (Street Address of Principal Office) FL 33126
1150 Nw 72d Ave Ste 455 #8270  (Street Address of Principal Office)  Miami, FL 33126  Miami, FL 33126  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	w 72d Ave Ste 455 #8270  (Street Address of Principal Office) FL 33126
Miami, FL 33126  Miami, FL 33126  Miami, FL 33126  Miami, FL 33126  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	(Street Address of Principal Office) F1, 33126
Miami, FL 33126  Miami, FL 33126  Decreased agent: (P.O. Box NOT acceptable)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	FL 33126
Name and <u>street address</u> of Florida registered agent; (P.O. Box <u>NOT</u> acceptable)  10 11 12 14 15 15 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name:  REPUBLIC REGISTERED AGENT LLC  1150 NW 72ND AVE TOWER 1, STE 455	REPUBLIC
Name:  REPUBLIC REGISTERED AGENT LLC  Name:  1150 NW 72ND AVE TOWER I, STE 455  Office Address:	
MIAMI 33126 (Zip code)	MIAMI
(Cap co-te)	

8. For initial index manage [up to six (C	ing purposes. list names, title or capacity and address total]:	esses of the primary m	embers/managers or persons authorized to
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: MUKESH PATEL	Manager	Name: HETTLE PATEL
■ Member	Address:	■ Member	Address.
Authorized	21 WINCHESTER DR	Authorized	21 WINCHESTER DR
Person	SCOTCH PLAINS, 8J 07076	Person	SCOTCH PLAINS, NJ 07076
Other	Other	Other	Other
Manager	Name:	☐ Manager	Name:
Member	Address:	Member	Address:
Authorized		☐ Authorized	
Person		Person	
Other	Other	Other	TALL DEPARTMENT OF THE PARTMENT OF THE PARTMEN
Manager	Name:	Manager	Namer
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
9. Attached is a cert jurisdiction under th of the translator mus 10. This document i	s executed in accordance with section 605.0203 (1 ment to the Department of State constitutes a third of the Department of TO + 4	la Department of State y authenticated by the in a foreign language. ) (b). Florida Statutes.	Annual Report form.  official having custody of records in the a translation of the certificate under outh.  I am aware that any false information ded for in s.817.155. F.S.
	MUKESH PATEL		to 4 + 1990
	Typed or prin	red name of signee	

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## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "21 WIN LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "21 WIN LLC" WAS FORMED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204672550

Date: 10-21-22