

M220000617439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

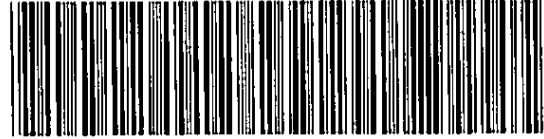
(Business Entity Name)

(Document Number)

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2022 OCT 28 PM 3:12  
STATE OF TEXAS  
CLERK OF COURT

NOV 10 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Udonagroup  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Donald Hollowell  
Name of Person

Udonagroup, LLC  
Firm/Company

5105 Hill Terr  
Address

Paducah Ky 42001  
City/State and Zip Code

Udonagroup@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald Hollowell at (323) 919-3728  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy     \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. Udonagroup, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Ohio  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 843863070  
(FEI Number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5105 Hill Terr  
(Street Address of Principal Office)

6. 5105 Hill Terr  
(Mailing Address)

Paducah, Ky 42001

Paducah, Ky 42001

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Ricardo Gamboa

Office Address: 1730 Jefferson Av

Miami Beach, Florida 33139  
(City) (Zip code)

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2022 OCT 28 PM 3:13  
TALLAHASSEE, 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.

Ricardo Gamboa  
(Registered agent's signature)

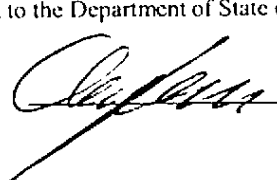
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	<u>Donald Hollowell</u>	<input type="checkbox"/> Manager	Name:	<u>Antonio Henderson</u>		
<input type="checkbox"/> Member	Address:	<u>4731 Centennial Blvd, apt 512</u>	<input type="checkbox"/> Member	Address:	<u>940 Thousand Oaks Bend NW</u>		
<input type="checkbox"/> Authorized Person		<u>Nashville, TN 37209</u>	<input type="checkbox"/> Authorized Person		<u>Kennesaw, Ga 30152</u>		
<input checked="" type="checkbox"/> Other	<u>CEO</u>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other	<u>COO</u>	<input type="checkbox"/> Other		
<input type="checkbox"/> Manager	Name:	<u>Ray Hollowell</u>	<input type="checkbox"/> Manager	Name:	<u>Alfredia Henderson</u>		
<input checked="" type="checkbox"/> Member	Address:	<u>313 Wind Stone Trac</u>	<input type="checkbox"/> Member	Address:	<u>1059 Beck Dr</u>		
<input type="checkbox"/> Authorized Person		<u>Canton, Ga 30114</u>	<input checked="" type="checkbox"/> Authorized Person		<u>Lincolnton, Ga 30817</u>		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other		
<input type="checkbox"/> Manager	Name:	_____	<input type="checkbox"/> Manager	Name:	_____		
<input type="checkbox"/> Member	Address:	_____	<input type="checkbox"/> Member	Address:	_____		
<input type="checkbox"/> Authorized Person		_____	<input type="checkbox"/> Authorized Person		_____		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> 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.

 \_\_\_\_\_  
Signature of an authorized person

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show UDONAGROUP, LLC, an Ohio Limited Liability Company, Registration Number 4409571, was organized in the State of Ohio on December 3, 2019, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of October, A.D. 2022.*

*Frank LaRose*

Ohio Secretary of State