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COVER LETTER

	istration Section ision of Corporations			
UBJECT:	Lehigh Bells, LLC			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Namo	e of Limited Liability Company		
he enclosed xistence, an	"Application by Foreign Limited Liability of check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flor		
ease return	all correspondence concerning this matter to	o the following:		
	Jessica Brunal			
		Name of Person		
	c/o Prometheus Partners			
		Firm/Company		
	1340 Hamlet Avenue			
		Address		
	Clearwater, FL 33756			
	C	ity/State and Zip Code		
	jbrunal@theborder.com			
	E-mail address: (to be	e used for future annual report notification)		
or further in	nformation concerning this matter, please ca	II:		
Jes	sica Brunal	516 403-3906		
	Name of Contact Person	at () Area Code Daytime Telephone Number		
	iling Address:	Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
1 31	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Plea	losed is a check for the following amount: ase make check payable to: FLORIDA DEF \$125.00 Filing Fee \$\square \square \$130.00 Filing Fe Certificate \$\circ\$	ee & M \$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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Lehigh Bells, LLC	Limited Liability Company, must include "Limited	TEKIM Con	mms: " "			
(Same of Polesgi	Lanned Liability Company, must include Trainice	таасану соц	party, 1. C.C., Of 1.1.C.			
f name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida. The alternat	e name must include "Limited Liab	ollity Company,	"1. l. C," or "L.L	
Delaware		3				
(hursdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)				
	(See sections 605 0904 & 605,0905, F.S. to determi	registration) ne penalty liability	r)			
520 D Street, Suite C			D Street, Suite C			
treet Address of Principal Office)		0	(Mailing Address)			
Clearwater, FL 33756		Clearwater, F1, 33756				
			-	A	2022 NOV	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accep	table)		29	
on the distriction of the second	<u></u>		,		至	
Name:	C T Corporation System		_		1: 25	
Office Address:	1200 South Pine Island Road		_			
	Plantation		33324 , 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 registored agent.

Mark Holloway, Asst. Secretary
(Registered (gent'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]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: Chris Suh	□Manager	Name:	
□Member	Address: 520 D Street, Suite C	□Member		
■ Authorized	Clearwater, FL 33756	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
				ť
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	<u>.</u>
□Authorized		□Authorized		
Person		Person		
Other	Other	Other	<u>_</u> _	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.

Signature of an authorized person

Chris Suh

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LEHIGH BELLS, 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-EIGHTH DAY OF NOVEMBER, A.D. 2022.

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

Authentication: 204948522

Date: 11-28-22