# M22000/9210

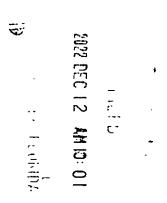
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(Address)	
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(City/State/Zip	Phone #)
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(Business Ent	ty Name)
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DEC 29 2022

# **COVER LETTER**

TO:

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TO: Registration Section Division of Corporations	
SWEET TIFI	FANY'S LLC
SUBJECT:	Name of Limited Liability Company
	mited Liability Company for Authorization to Transact Business in Florida," Certificate of gister the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concern	ing this matter to the following:
TIFFANY	ADAMS
	Name of Person
SWEETT	IFFANY'S LLC
	Firm/Company
87 FELLBI	ROOK DR
	Address
ST. AUGU	ISTINE FLORIDA 32095
	City/State and Zip Code
CHEFTIFF	75@GMAIL.COM
E-ma	address: (to be used for future annual report notification)
For further information concerning this n	natter, please call:
TIFFANY ADA	MS <sub>at</sub> 770 519-8504
Name of Conta	ct Person Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section  Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follo Please make check payable to: F	wing amount: FLORIDA DEPARTMENT OF STATE
	30.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy  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 RECISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SWEET TIFFANY'S 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 "L.L.C," diction under the law of which foreign limited liability company is organized) (FEI number, if applicable) **DECEMBER 1, 2022** 87 FELLBROOK DR ST AUGUSTINE, FL 32095 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) TIFFANY ADAMS Name: 87 FELLBROOK DR Office Address: ST AUGUSTINE 320955 Registered agent's acceptance: Having been named as registered agent and to accept service of processfor 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.

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: Name: TIFFANY ADAMS □Manager Name: ■ Мападег Address: \_ 7 FELLBROOKJ DR Address: \_\_\_\_ ■ Member □Member ST AUGUSTINE FL 32095 □ Authorized ☐ Authorized Person Person □Other\_\_\_\_ Other □Other\_\_\_\_ ☐ Other\_\_\_\_ Name: □Manager □Manager □Member Address: ■ Member Address: ☐ Authorized ☐ Authorized Person Person Other Other Other\_\_\_\_ Other\_\_\_\_\_ □Manager Name: \_\_\_ □Manager Name: Address: ☐ Member Address: □Member ☐ 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. Nonindexed 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. Hark & Lallers
Signature of an authorized person

MARK A COLLINI, CPA

Typed or printed name of signee

Control Number: 21113319

# **STATE OF GEORGIA**

# **Secretary of State**

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Sweet Tiffany's LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 23778652
Date Inc/Auth/Filed: 04/16/2021
Jurisdiction : Georgia
Print Date : 10/19/2022

Form Number : 211



Brad Rafforgerger

Brad Raffensperger Secretary of State 12/29/22

CORPORATE DETAIL RECORD SCREEN

9:12 AM

NUM: L19000140926 ST:FL ACTIVE/FL LIM LIAB FLD: 05/28/2019 EFF: 05/25/2019

TOTAL CONTR: 0.00

NAME : OGB LLC PRINCIPAL: 2665 S. BAYSHORE DRIVE ADDRESS SUITE 220

COCONUT GROVE, FL 33133 US

RA ADDR

RA NAME : KAPOUROS, ALEXTOS

: 2665 S. BAYSHORE DRIVE SUITE 220

COCONUT GROVE, FL 33133 US

ANN REP : (2020) W 06/24/20 (2021) W 04/29/21 (2022) W 07/12/22

1. MENU. 3. MGR/MEM, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR: