

1/5/23, 2:03 PM

Division of Corporations

M2300000584

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H23000006171 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)389-0502

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
LOCALUNION LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 06 |
| Estimated Charge | \$793.75 |

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Corporate Filing Menu

Help

S. ROBERTS

JAN 18 2023

850-617-6381

1/6/2023 10:22:41 AM PAGE 1/001 Fax Server



January 6, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEGALZOOM.COM INC.

SUBJECT: LOCALUNION LLC
REF: W23000001060

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist IIFAX Aud. #: H23000006171
Letter Number: 123A00000358

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOCAL UNION LLC

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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th Fl

Address

Glendale, CA 91203

City/State and Zip Code

kristinalewis22@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley

800

773-0888

at (

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2601 Executive Center Circle
Tallahassee, FL 32301

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 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LOCALUNION LLC

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

Localunion Miami 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. New York

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

3. 883527210

(FEI number, if applicable)

4. 10/15/2022

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0902, F.S., to determine penalty liability.)

5. 480 Northeast 31st St., Unit 4907

(Street Address of Principal Office)

6. 480 Northeast 31st St., Unit 4907

(Mailing Address)

Miami, Florida 33137

Miami, Florida 33137

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

Name: UNITED STATES CORPORATION AGENTS, INC.

Office Address: 476 Riverside Ave.

Jacksonville

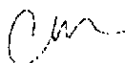
(City)

Florida 32202

(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 registered agent.



CHEYENNE MOSELEY, ASSISTANT SECRETARY,
UNITED STATES CORPORATION AGENTS, INC.

(Registered agent's signature)

2023 JAN 17 AM 11:25

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:

☐ Manager

Name: Kristina Lewis

☒ Member

Address: 480 Northeast 31st St., Unit 4907

☐ Authorized

Miami, Florida 33137

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

Title or Capacity:

Name and Address:

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

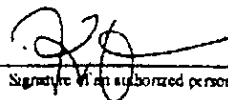
☐ Other

☐ 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

Kristina Lewis

Typed or printed name of signer

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorized Person

of LOCALUNION LLC

(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

New York

(State or Country of Organization)

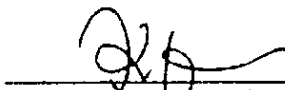
Because the name of this foreign limited liability company does not satisfy the

requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the

following name to transact business in the state of Florida:

Localunion Miami LLC

(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability Company, L.L.C., or LLC.)



Signature Authorized Person

12/28/22

Date

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

| | |
|----------------------------------|------------------------------------|
| Entity Name: | LOCALUNION LLC |
| DOS ID Number: | 5189728 |
| Entity Type: | DOMESTIC LIMITED LIABILITY COMPANY |
| Entity Status: | EXISTING |
| Date of Initial Filing with DOS: | 08/21/2017 |
| Statement Status: | CURRENT |
| Statement Due Date: | 08/31/2023 |

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,
at the City of Albany, on December 30, 2022 at 04:05 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>