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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

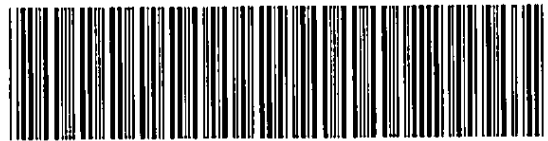
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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S. ROBERTS

MAR - 7 2023

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AAWLC, 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:

Amanda Dawn Parks

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3275 S John Young Pkwy #1041

\_\_\_\_\_  
Address

Kissimmee, FL 34746

\_\_\_\_\_  
City/State and Zip Code

adparks11@gmail.com

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

For further information concerning this matter, please call:

Jimmy Parks

\_\_\_\_\_  
Name of Contact Person

at ( 307 )

\_\_\_\_\_  
Area Code

213-0398

\_\_\_\_\_  
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. AAWLC 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. State of Wyoming

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

3.

(EIN number, if applicable)

4. 12/1/2021

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

5. 124 Oak Dr. Cody WY 82414

(Street Address of Principal Office)

6. 124 Oak Dr. Cody WY 82414

(Mailing Address)

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

Name: Amanda Parks

Office Address: 3004 Bontire Beach Dr. #103

Kissimmee

(City)

, Florida

34746

(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.

Amanda Dawn Parks

(Registered agent's signature)

2021-11-26 PM 3:07


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>Amanda Dawn Parks</u>            | <input type="checkbox"/> Manager           | Name: <u>James C Parks</u>                |
| <input checked="" type="checkbox"/> Member | Address: <u>124 Oak Dr. Cody WY 82414</u> | <input checked="" type="checkbox"/> Member | Address: <u>124 Oak Dr. Cody WY 82414</u> |
| <input type="checkbox"/> Authorized        | _____                                     | <input type="checkbox"/> Authorized        | _____                                     |
| Person                                     | _____                                     | Person                                     | _____                                     |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____      | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____      |
| <br><input type="checkbox"/> Manager       | Name: _____                               | <br><input type="checkbox"/> Manager       | Name: _____                               |
| <input type="checkbox"/> Member            | Address: _____                            | <input type="checkbox"/> Member            | Address: _____                            |
| <input type="checkbox"/> Authorized        | _____                                     | <input type="checkbox"/> Authorized        | _____                                     |
| Person                                     | _____                                     | Person                                     | _____                                     |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____      | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____      |
| <br><input type="checkbox"/> Manager       | Name: _____                               | <br><input type="checkbox"/> Manager       | Name: _____                               |
| <input type="checkbox"/> Member            | Address: _____                            | <input type="checkbox"/> Member            | Address: _____                            |
| <input type="checkbox"/> Authorized        | _____                                     | <input type="checkbox"/> Authorized        | _____                                     |
| Person                                     | _____                                     | 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

Amanda Dawn Parks  
Typed or printed name of signee

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**AAWLC LLC.**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **March 10, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-000987347**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 6th day of March, 2023 at 11:15 AM. This certificate is assigned ID Number 059023422.



A handwritten signature in cursive script that reads 'Chuck Gray'.

Secretary of State