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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

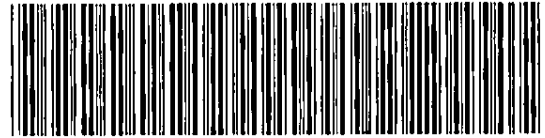
(Business Entity Name)

(Document Number)

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T. LEMIEUX
APR - 4 2023

24361
2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chanel Ford Optics 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:

Shellnell R. Pettiford
Name of Person

Chanel Ford Optics LLC
Firm/Company

1061 Dean St. Apt 1B
Address

Brooklyn, NY 11216
City/State and Zip Code

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

For further information concerning this matter, please call:

Shellnell Pettiford at (754) 224-0594
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2023

SHELLNELL R PETTIFORD
1061 DEAN ST APT 1G
BROOKLYN, NY 11216

SUBJECT: CHANEL FORD OPTICS LLC
Ref. Number: W23000024361

We have received your document for CHANEL FORD OPTICS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not 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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 723A00004194

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. Chanel Ford of Acs 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. New York City
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-2696230
(FEI number, if applicable)

4. 2/25/23
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4239 W. Commercial Blvd
(Street Address of Principal Office)

6. 4239 W. Commercial Blvd
(Mailing Address)

Tamarac, FL 33319

Tamarac, FL 33319

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

Name: Shellnell Pettiford

Office Address: 2845 S. Oakland Forest Drive
Oakland Park, Florida 33309
(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 registered agent.

Shellnell Pettiford
(Registered agent's signature)

FILED
2023 MAR 31 AM 11:50
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

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: Hans Pierre

☐ Member Address: 8030 W. McNab

☒ Authorized Ed. N. Lauderdale

Person FL 33068

☐ Other _____ ☐ Other _____

☐ Manager Name: Hans Pierre

☐ Member Address: 8030 W. McNab

☒ Authorized Ed. N. Lauderdale

Person FL 33068

☐ Other _____ ☐ Other _____

☐ Manager Name: Promise Williams

☒ Member Address: 2845 S. Oakland

☐ Authorized Forest drive, Oakland

Person Pk, FL 33309

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Sharon Jones

☐ Member Address: 1061 Dean St

☐ Authorized Brooklyn, NY 11216

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Shawn William

☒ Member Address: 2845 S Oakland

☐ Authorized Forest drive, Oakland

Person Pk, FL 33309

☐ Other _____ ☐ Other _____

☐ Manager Name: Emant Brown

☒ Member Address: 1061 Dean St #16

☐ Authorized Brooklyn, NY 11216

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.

Shellnell Pettiford
Signature of an authorized person

Shellnell Pettiford
Typed or printed name of signee

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: | CHANEL FORD OPTICS LLC |
| DOS ID Number: | 5414152 |
| Entity Type: | DOMESTIC LIMITED LIABILITY COMPANY |
| Entity Status: | EXISTING |
| Date of Initial Filing with DOS: | 09/21/2018 |
| Statement Status: | CURRENT |
| Statement Due Date: | 09/30/2022 |

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 March 31, 2023 at 03:18 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State