# M23000004435

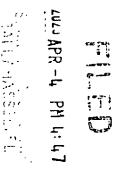
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Certified Copies Certificates of Status					
Considerations to Filips Officer					
Special Instructions to Filing Officer:					
W23000031462					

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2023

RECEIVED

APR 0 4 1...J

SHAYLA PHAM 3710 158TH ST.

URBANDALE, IA 50323 US

SUBJECT: THN. LLC.

Ref. Number: W23000031462

We have received your document for THN. LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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.

Andrea Andrews

Regulatory Specialisf II

Letter Number: 923A00005357

www.sunbiz.org

#### COVER LETTER

	Registration Section Division of Corporations						
SUBJECT: THN. LLC. > JTHN, LLC.  Name of Limited Liability Company							
Please ret	urn all correspondence concerning this matter to	he following:					
	Shayla Pham						
	Name of Person						
	THN. LLC.						
		Firm/Company					
	3710 158th St.						
	Address  Urbandale, Iowa - 50323						
City/State and Zip Code							
pham_shayla@yahoo.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
:	Shayla Pham	at ( 515 Area Code ) 867-7680 Daytime Telephone Number					
	Name of Contact Person	Area Code Daytime Telephone Number					
F [ F	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
P	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPA  \$ \$125.00 Filing Fee	\$\begin{align*}     \Boxed{\text{\tint{\text{\tint{\text{\te}\text{\texi}\text{\texi}\text{\text{\text{\t					

### 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:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liabili	ity Company," "L.1, C," o	r "LLC.")
Iowa		92-2134115 3.		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, i	f applicable)	
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	gistration.) penalty liability)		
3710 158th St.		3710 158th St.		
reet Address of Principal Office)		6. (Mailing Address)	<del></del> .	
Urbandale, Iowa - 503	23	Urbandale, Iowa - 50323		
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	٠ <u>٠</u>	
Name and street address Name:	ss of Florida registered agent: (P.O. Box Jimmy Huynh	NOT acceptable)	TALLA	e de
		NOT acceptable)	133 <b>-</b>	_ ;** - ;** #
Name:	Jimmy Huynh	34731	HASSer. F	
Name:	Jimmy Huynh  905 Daybreak Dr.  Fruitland Park  (Giy)	<del></del>	133 <b>-</b>	

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: Jimmy Huynh	□Manager	Name: Shayla Pham
■Member	Address: 905 Daybreak Dr.	■Member	Address: 3710 158th St.
□Authorized	Fruitland Park, Florida - 34731	□Authorized	Urbandale, Iowa - 50323
Person		Person	
Other	Other	□Other	□Other
□Manager	Name:	□Мапаger	Name:
□Member	Address:	□Member	Address:
Authorized		□Authorized	
Person		Person	
□Other	Other	Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□Other	Other
<ul><li>9. Attached is a cer jurisdiction under the translator me</li><li>10. This document</li></ul>	Jse an attachment to report more than six (6 may be added to the index when filing you tifficate of existence, no more than 90 days on the law of which it is organized. (If the certifiest be submitted) is executed in accordance with section 605, ament to the Department of State constitutes.  Sign:	r Florida Department of Statulold, duly authenticated by the ficate is in a foreign language 0203 (1) (b), Florida Statutes a third degree felony as prov	e Annual Report form.  official having custody of records in the a translation of the certificate under oath  a l am aware that any false information
	Тур	ed or printed name of signee	<del></del>

## IOWA SECRETARY OF STATE PAUL D. PATE



#### CERTIFICATE OF EXISTENCE

Issue Date: 3/29/2023

Name: THN, LLC (489DLC - 738397)

Date of Incorporation: 2/1/2023

**Duration: PERPETUAL** 

- I. Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:
  - a. The entity is in existence and duly incorporated under the laws of Iowa.
  - b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
  - c. The most recent biennial report required has been filed with the Secretary of State.
  - d. The Secretary of State has not administratively dissolved the limited liability company.
  - e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS265922

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

(fant). Fato

Paul D. Pate. Iowa Secretary of State