Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000102535 3)))



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To:

Division of Corporations

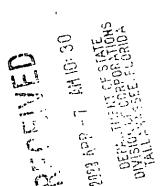
Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : 120220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM



## Foreign Limited Liability Company THE ISLAND BROTHERS LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

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Help

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## COVER LETTER

he enclosed "Application by Foreign Limited Liabil	Name of Limited Liability Company  lity Company for Authorization to Transact Business in Florida," Certificate ove referenced foreign limited liability company to transact business in Flori-	
xistence, and check are submitted to register the abo		
lease return all correspondence concerning this mat		
	ter to the following:	
Lovette Dobson		
	Name of Person	
	Firm/Company	
<u>17350 State Hwy 2</u> 4		
	Address	
Houston, TX 77064		
<del>-</del>	City/State and Zip Code	
EFILE1234@INCFILE	E.COM to be used for future annual report notification)	
E-mail address: (i	to be used for future annual report notification)	
or further information concerning this matter, pleas	e call:	
Lovette Dobson	at ( 1	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	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 following amous	nt:	
Please make check payable to: FLORIDA I  ☐ \$125.00 Filing Fee		

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

AN COMPLIANCE WITH SECTION (05,000), FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA.

Delaware	hich foreign binned habibis company worganizeds	5. 92-2821342	appticable)	
	(Date first transacted business in Florida) if procto (See sections 605 000) & 105 0005 1/8 to determ	(registration ) true penalty habitity)	_	
1150 Nw 72nd	Ave Tower I	6 1150 Nw 72nd Av	e Tower I	
Ste 455 #9784		Ste 455 #9784		_
Miami, FL 331	26	Miami, FL 33126		-
Name and street address	≰ of Florida registered agent: (P.O. Bo)	v N <u>OT</u> acceptable)		
Name.	Oliver Grant		APR	٠
				<u>.</u>
Office Address:	3703 Inlet Circle		<u></u>	
	3703 Inlet Circle  Greenacres	Fiorida 33463	MARASSEF, FL	

(((H23000102535 3)))

3. For initial indexing purposes, list names, title or capacit,	y and addresses of the primary	members managers or person	<ul> <li>authorized to</li> </ul>
manage [up to six (6) total]:			

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
[]Manager	Name: Oliver Grant	⊂Manager	Name: Khadeem Davis
<b>⊘</b> Member	Address: 254 Chapman Rd	ZMember	Address: 254 Chapman Rd
II.Authorized	Ste 208 #11266	□ Authorized	Ste 208 #11266
Person	Newark, DE 19702	Person	Newark, DE 19702
Other	Other	Cother	
L]Manager	Name:	□Manager	Name:
. [Member	Address:	∏ Member	Address:
Authorized		= Authorized	
Person		Person	
. Other		_FOther	Other
Manager	Name:	Manager	Name:
", Member	Address:	∏ Member	Address:
Authorized		<sup></sup> Authorized	
Person		Person	
[] Other	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 filling 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 invisidiction 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.

Stemanic of an applicated person

Oliver Grant - Member

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE ISLAND BROTHERS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE ISLAND BROTHERS LLC" WAS FORMED ON THE NINTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

You may verify this certificate online at corp. delaware gov/authver shtml

7340456 8300

SR# 20231028084

Authentication: 202935493

Date: 03-16-23