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(Requestor's Name)
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PICK-UP WAIT MAIL
(O) : [F] (I) (I
(Business Entity Name)
(Document Number)
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April 11, 2023

DANIEL RAZ 12005 ALBERS ST #212 VALLEY VILLAGE, CA 91607 US

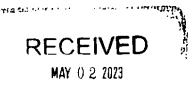
SUBJECT: FREDI GROUP LLC Ref. Number: W23000021672

We have received your document for FREDI GROUP LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Failed to make the corrections listed in the previous letter. Attached is an example of the certificate required by this office.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS Regulatory Specialist III



Letter Number: 923A00008090

COVER LETTER

Sec. 2016

	Registration Section Division of Corporations	
SUBJEC	ECT: Fredi Group LLC	
	Name of Limited Liability Company	_
	nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Floric nce, and check are submitted to register the above referenced foreign limited liability company to transact be	
Please ret	return all correspondence concerning this matter to the following:	
	Daniel Raz	
	Name of Person	
	Fredi Group LLC (osenex)	
	Firm/Company	
	1205 Albers St # 212	
	Address	
	Valley Village, CA, 9/607 City/State and Zip Code	
	Fred: grow1 @g-mail. com E-mail address: (to be used for future annual report notification)	_
For further	rther information concerning this matter, please call:	
	Daniel Rat at 310, 666-2622	
•	Name of Contact Person Area Code Daytime Telephone Number	г
	Mailing Address:Street Address:Registration SectionRegistration 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 amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Boxed{\text{S125.00 Filing Fee}} \Boxed{\text{S130.00 Filing Fee}} \Boxed{\text{S155.00 Filing Fee}} \Boxed{\text{S160.00 Filing Fee}} \	ee, Certificate 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. (Name of Foreign Limited Liability Company; must include "Limited Liability")	
(Name of Foreign Limited Liability Company; must include "Limited Liability	Company, "L.IC.," or "LI.C.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The second 2. Nevada (consultant) (Jurisdiction under the law of which foreign limited liability company is organized)	ternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Tax ID (EIN): 8/2-858-3/9 (FEI number, if applicable)
4. Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty i) Jability)
6 1 A	12005 Albers St #212 (Mailing Address)
Valley Village CA 91607	
91607	Valley Village, CH 91607
7. Name and street address of Florida registered agent: (P.O. Box <u>NOT</u> ac	ecceptable)
Name: Daniel Raz	
Name: Daniel Raz Office Address: 582 NW Bayshore S	<u>† </u>
Port St luc.ve	, Florida
Registered agent's acceptance: Having been named as registered agent and to accept service of process for lesignated in this application, I hereby accept the appointment as register to comply with the provisions of all statutes relative to the proper and comind accept the obligations of my position as registered agent.	ed agent and agree to act in this capacity. I further agree
(Registered agent's signature)	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
∭Manager	Name: Daniel Ras	□Manager	Name:	
Member	Address: 12005 Plbers St	□Member	Address: _	
Authorized	#212 , Valley Village	□Authorized	 .	
Person	C/2, a16=7	Person		
Other	□Other	Other		□Other
]Manager	Name:	□Manager	Name:	
]Member	Address:	□Member	Address: _	
Authorized		□Authorized		
Person		Person		······································
30ther	Other	□Other		□Other
]Manager	Name:	□Manager	Name:	·
]Member	Address:	□Member	Address:	·····
Authorized		□Authorized		
Person		Person		
Other	Other	□Other		□Other

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, FREDI GROUP LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 05/31/2016, and is in good standing in this state.

Certificate Number: B202304223594053

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/22/2023.

FRANCISCO V. AGUILAR Secretary of State