

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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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

LIDAZIEINDIANA LLC

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

RECEIVED
MAY 19 AM 11:55
FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE

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2023 MAY 19 PM 2:11
FLORIDA
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: LIDAZIEINDIANA 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:

Lovette Dobson

Name of Person

Firm/Company

17350 State Hwy 249, #220

Address

Houston, TX 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

Lovette Dobson

Name of Contact Person

at (1)

Area Code

888-462-3453

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

(((H23000185121 3)))

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

IN COMPLIANCE WITH SECTION 605.09002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. LIDAZIE INDIANA LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC."

2. Indiana

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

3. 30-0994927

(EIN number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.
(See sections 605.09013, 605.0905, F.S., to determine penalty for late filing.)

5. 4385 Frances Ave

(Street Address of Principal Office)

6. 4385 Frances Ave

(Mailing Address)

Sanford, FL 32773

Sanford, FL 32773

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

Name:

Robert Winstead

Office Address:

4385 Frances Ave

Sanford

(City)

Florida 32773

(Zip code)

FILED
2023 MAY 19 PM 2:11
TALLAHASSEE, FLORIDA

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.

Robert Winstead

(Registered agent's signature)

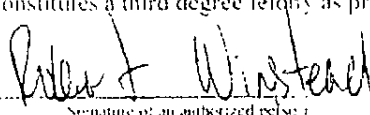
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members-managers or persons authorized to manage [up to six (6) total]:

| <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>Robert Winstead</u> | <input type="checkbox"/> Manager | Name: <u>Lisa Winstead</u> |
| <input checked="" type="checkbox"/> Member | Address: _____ | <input checked="" type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | <u>4385 Frances ave</u> | <input type="checkbox"/> Authorized | <u>4385 Frances ave</u> |
| Person | <u>Sanford, FL 32773</u> | Person | <u>Sanford, FL 32773</u> |
| Other _____ | Other _____ | Other _____ | Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <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 | _____ |
| Other _____ | Other _____ | Other _____ | Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <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 | _____ |
| Other _____ | 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 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

Robert Winstead

Typed or printed name of signer

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State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

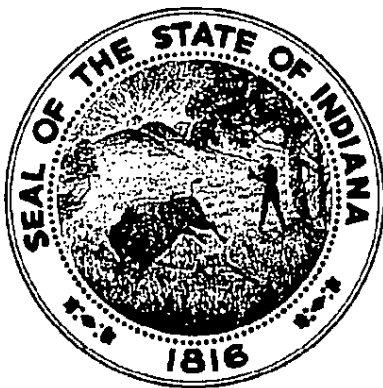
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that:

LIDAZIEINDIANA LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 22, 2017, and was in existence or authorized to transact business in the State of Indiana on May 18, 2023.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 18, 2023

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

201706221201586 / 20233189812

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on June 17, 2023.

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