1123000677/

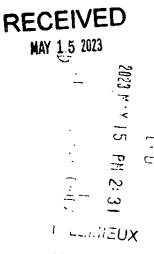
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number))
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400408454284

05/16/23--01002--019 ••125.00



MAY 2 5 2023

COVER LETTER

Division of Corporations			
Lark Investments LLC			
SUBJECT:Nam	ne of Limited Liability Company		
	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.		
Please return all correspondence concerning this matter	to the following:		
Alihussain Lalani			
	Name of Person		
Lark Investments, LLC			
	Firm/Company		
1921 Shadwell Way	y		
	Address		
Lawrenceville, GA	30043		
	City/State and Zip Code		
lalanilarkinvestment	s@gmail.com		
E-mail address: (to b	e used for future annual report notification)		
For further information concerning this matter, please ca	all:		
Alihussain Lalani	678 <u>481-9262</u>		
Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	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 amount: Please make check payable to: FLORIDA DEI \$125.00 Filing Fee \$130.00 Filing Fee Certificate of	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate		

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

30 M CMA		45 42 46097
Orgia	which foreign limited liability company is organized)	3. 454346987 (FEI number, if applicable)
	(Date first transacted business in Florida, if prior to re	grstration.)
921 Sha	(See sections 605 0904 & 605.0905, F.S. to determine dwell Way	6. (Mailing Address)
dress of Principal Office)		(Mailing Address)
	ille, GA 30043	Lawrenceville, GA 30043
	SS of Florida registered agent: (P.O. Box) Registered Agents Inc	NOT acceptable)
me and street addre	ess of Florida registered agent: (P.O. Box	
ne and <u>street addre</u> Name:	Registered Agents Inc	NOT acceptable)

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: Name: Un Seok Park Name: Alihussain Lalani Manager Manager 2 Address: 5343 Legends Drive Address: 1921 Shadwell Way □Member ☐ Member Lawrenceville, GA 30043 Braselton, GA 30517 □ Authorized □ Authorized Person Person Other____ Other____ □Other □Other □ Manager □Manager Name: 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 Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Typed or printed name of signee

Alihussain Lalani

Control Number: 12007320

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

LARK INVESTMENTS, LLC.

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 25107535 Date Inc/Auth/Filed: 01/24/2012 Jurisdiction · Georgia Print Date : 04/13/2023

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State