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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone Fax Number : (614)573-3996

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

Email Address:_

Foreign Limited Liability Company Kings Highway Bells, LLC

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT RUSINESS. IN THE STATE OF FLORIDA:

,	name adopted for the purpose of transacting business in	Florida. The alternate i	ame must include "Limited"	Liability Company, "11, L.C," or "1.	LC."s
Delaware		-			
(Jurisdiction under the law of w	high foreign limited liability company is organized)	3	num 133)	ibes, if applicable)	
	(Date first transacted business in Horida, if prior (See sections 605 0901 & 605 0905, E.S. to deter	to registration) rounce penalty hability)			
520 D Street, Suite C			Street, Stitte C		
et Address of Principal Office)		6	nling Address)		
Clearwater, FL 33756		Cleary	ater, FL 33756		
			-		
				2023	
	4 00 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15			JUN	7
Name and street addres	<u>s</u> of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptal	ole)	7	111
	CT Corporation				į
Name:				17.00 11.50 10.00	ı
Office Address:	1200 South Pinc Island			智品で)
Office Padioss.	Plantation		33324	(5)	
			Florida	<u>.</u>	
	(City)		(Zip code)		

· 122:	wina grade	Assistant Sertetary, CT Corporation
ıRe	gistered agent's signa	lure}

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 Capacit	<u>y:</u>	Name and Address:
□Manager	Name: Chris Suh	□Мападег	Name:	
□Member	Address: 520 D Street, Suite C	□Member		
Authorized	Clearwater, FL 33756	□Authorized		
Person		Person		
Other	Other	□Other	n-n-	Other
				•
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	4.t1
□Authorized		□Authorized		
Person		Person		4
□Other	□Other	□ Other		∐Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□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 fellony as provided for in s.817.155, F.S.

Chris Suh

Typed or printed name of signee



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KINGS HIGHWAY BELLS, 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 FIRST DAY OF JUNE, A.D. 2023.

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

Authentication: 203465243

Date: 06-01-23