

M23000007452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

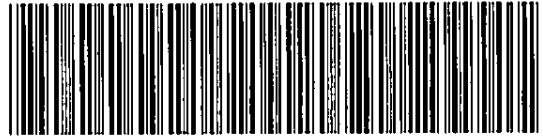
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

M23000074563

Office Use Only



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05/09/23--01022--010 **125.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2023

**JONNIE M. JENNINGS
4 11TH AVENUE, SUITE 1
SHALIMAR, FL 32579 US**

**SUBJECT: GIA THIEN MONTANA LLC
Ref. Number: W23000074563**

We have received your document for GIA THIEN MONTANA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

**Andrea Andrews
Regulatory Specialist II**

Letter Number: 723A00011949

RECEIVED

JUN 08 2023

Perri & Jennings

Attorneys at Law

*4 Eleventh Avenue, Suite 1, Shalimar, Florida 32579
Telephone (850) 651-3011 • Facsimile (850) 651-3306*

*Jonnie M. Jennings, LL.M. in Estate Planning
Timothy M. Chiasson, J.D.*

Daniel C. Perri, LL.M. in Taxation
Of Counsel

June 7, 2023

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

**FED EX:
8174 3948 3863**

Re: Gia Thien Montana, LLC, Ref. Number: W23000074563

Dear Processing Agent,

Please find enclosed the requested Certificate of Existence for Gia Thien Montana, LLC and a copy of the letter from the Florida Department of State requesting the same.

If you have any questions or need anything else, please do not hesitate to contact me.

Truly yours,



Jonnie M. Jennings

jjennings@perrijennings.law

JMJ/bls

Enc.: as stated above

Perri & Jennings

Attorneys at Law

*4 Eleventh Avenue, Suite 1, Shalimar, Florida 32579
Telephone (850) 651-3011 • Facsimile (850) 651-3306*

*Jonnie M. Jennings, LL.M. in Estate Planning
Timothy M. Chiasson, J.D.*

Daniel C. Perri, LL.M. in Taxation
Of Counsel

May 5, 2023

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

**FED EX:
8148 7843 3868**

Re: Gia Thien Montana, LLC

Dear Processing Agent,

Please find enclosed the *Application by Foreign Limited Liability Company of Authorization to Transact Buisines in Florida*, the Certificate of Existence, and check number 2167 in the amount of the \$125.00 for the filing fee. Please accept same for filing by the above regarding referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to this office, and don't hesitate to contact me for further information.

Very truly yours,



Jonnie M. Jennings

jjennings@perrijennings.law

JMJ/bs

Enc.: As stated above

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GIA THIEN MONTANA 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:

Jonnie M. Jennings

Name of Person

Perri & Jennings, PLLC

Firm/Company

4 11th Avenue, Suite 1

Address

Shalimar, FL 32579

City/State and Zip Code

jjennings@perrijennings.law

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

For further information concerning this matter, please call:

Jonnie M. Jennings

Name of Contact Person

at (850)

Area Code

651-3011

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

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Gia Thien Montana LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Montana 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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 liability)

5. 332 S. Main Street 6. 332 S. Main Street
(Street Address of Principal Office) (Mailing Address)

Kalispell, Montana 59901 Kalispell, Montana 59901

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

Name: Jonnie M. Jennings, Esq.

Office Address: 4 11th Avenue, Suite 1

Shalimar, Florida 32579
(City) (Zip code)

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.


(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 checked="" type="checkbox"/> Manager	Name: <u>Tristelle D. Vu</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Tung D. Nguyen</u>
<input type="checkbox"/> Member	Address: <u>332 S. Main Street</u>	<input type="checkbox"/> Member	Address: <u>332 S. Main Street</u>
<input type="checkbox"/> Authorized	<u>Kaliispell, MT 59901</u>	<input type="checkbox"/> Authorized	<u>Kaliispell, MT 59901</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Tristelle D. Vu

 Typed or printed name of signer



CERTIFICATE OF EXISTENCE

I, **CHRISTI JACOBSEN**, Secretary of State for the State of Montana, do hereby certify that:

GIA THIEN MONTANA LLC

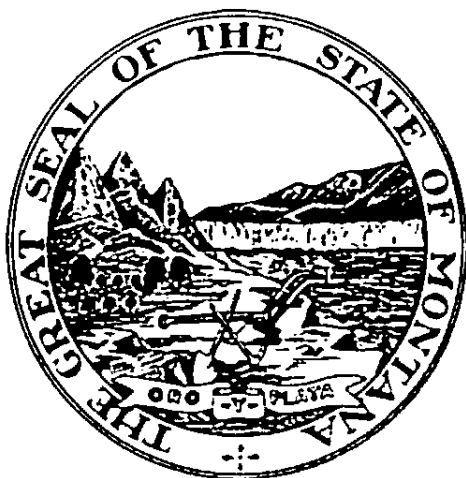
duly filed its **Articles of Organization for Domestic Limited Liability Company** in this office on **April 9, 2014**, and on that date was authorized to transact business in this state for a term of perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on the record in this office by said limited liability company and the records indicate the limited liability company is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 6th day of June, 2023.

Christi Jacobsen

Christi Jacobsen
Montana Secretary of State

Certificate Number: 41281831



15455237



STATE OF MONTANA
SECRETARY OF STATE
2023 ANNUAL REPORT

For Office Use Only
STATE OF MONTANA

-FILED-

SECRETARY OF STATE

File Number: 15455237

Date Filed: 1/5/2023 7:59:58 PM

FILING FEE: \$20.00 prior to April 15
FILING FEE: \$35.00 after April 15

Business Type		Domestic Limited Liability Company	
Business Sub-Type		Limited Liability Company	
Business Name		2023	
Annual Report Year		2023	
Name of Business Entity		GIA THIEN MONTANA LLC	
Montana File Number		C247447	
Country of Organization		United States	
State of Organization		Montana	
Business Purpose		NONE STATED	
Business Mailing Address of Principal Office		332 S MAIN ST KALISPELL, MT 59901	
Address		332 S MAIN ST KALISPELL, MT 59901	
Business Physical Address of Principal Office		None	
Address		None	
The registered agent on record is:		TUNG NGUYEN	
Registered Agent		Non-Commercial Registered Agent	
		Agent Number	
		RA00168248	
		Email Address	
		Website	
		Physical Address	
		332 S MAIN ST KALISPELL, MT 59901	
		Mailing Address	
		332 S MAIN ST KALISPELL, MT 59901	
LLC Management		Managers	
LLC Managed By		Managers	
Managers			
Name Of Individual Or Business Entity	Business Mailing Address	Email Address	Active Registered Entity
TUNG D NGUYEN	332 MAIN ST KALISPELL, MT 59901		
TRISTELLE D VU	332 S MAIN ST KALISPELL, MT 59901		

Declarations

☒ I confirm I have reviewed the information set forth in this Annual Report and that all information is correct and factual.

☒ I have been authorized by the business entity to file this document online.

B0874-6576 01/05/2023 7:59 PM Received by MT Secretary of State Christi Jacobsen



☒ I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.

Signature

Self

Tristelle Vu

01/05/2023

Signer's Capacity

Sign Here

Date

Position

Manager/Member

Daytime Contact

Phone Number

(406) 890-9909

Email

trishdvu@gmail.com

B0874-6577 01/05/2023 7:59 PM Received by MT Secretary of State Christi Jacobsen

SECRETARY OF STATE
Linda McCulloch -- State of Montana



Montana State Capitol
PO Box 202801
Helena, MT 59620-2801

GIA THIEN MONTANA LLC
8801 CAMERON CREST DR
TAMPA FL 33626

CERTIFICATE OF FILING

I, LINDA McCULLOCH, Secretary of State of the State of Montana, do hereby certify that

GIA THIEN MONTANA LLC

filed its ARTICLES OF ORGANIZATION in this office and has fulfilled the applicable requirements set forth in law. By virtue of the authority vested in the office, I hereby issue this certificate evidencing filing effective on the date shown below. I wish you the best of luck with all your future endeavors as part of the Montana business community.

Certified File Number: C247447-1533187

Dated: April 10, 2014

Effective Date: April 9, 2014

A handwritten signature in cursive script that reads "Linda McCulloch".

Linda McCulloch
Secretary of State

The first Annual Report must be delivered to the Secretary of State between January 1 and April 15 of the year **following** the calendar year in which a Domestic or Foreign Corporation or Limited Liability Company was incorporated or authorized to transact business. Subsequent Annual Reports must be delivered to the Secretary of State between January 1 and April 15 each year thereafter.



* C 2 4 7 4 6 7 *



* 1 5 3 3 1 8 7 *

STATE OF MONTANA

ARTICLES of ORGANIZATION for
DOMESTIC LIMITED LIABILITY COMPANY
35-8-202, MCA

MAIL: LINDA McCULLOCH
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
PHONE: (406)444-3665
FAX: (406)444-3976
WEB SITE: sos.mt.gov



Prepare, sign, and submit with an original signature and filing fee.
This is the minimum information required.

(This space for use by the Secretary of State only)

1533187
STATE OF MONTANA
FILED

APR - 9 2014

SECRETARY OF STATE

C 247447

Executed by the undersigned for the purpose of forming
Montana Limited Liability Company.

PRIORITY

PLEASE CHECK ONE BOX:

- ☒ Limited Liability Company
☐ Professional Limited Liability Company

Required Filing Fee: \$70.00

- ☒ 24 Hour Priority Handling check box and Add \$20.00
☐ 1 Hour Expedite Handling check box and Add \$100.00

- The name of the limited liability company: Gia Thien Montana LLC.
(Must contain "limited liability company", "limited company" or if Professional, "professional limited liability company", or an abbreviation)
- The name and address of its registered office/agent in Montana:
Appointment of the Registered Agent is confirmation of the agent's consent.
Name: TRISTELLE D. VU
Street Address (required): 332 S. Main St.
Mailing Address (if different from street address): _____
City: Kalispell State: MT Zip Code: 59901
Signature of Registered Agent: _____
- The business mailing address of its principal place of business:
Mailing Address: 332 S. Main St.
City: Kalispell State: MT Zip Code: 59901
- (Check one) ☒ At Will ☐ Term If Term, the latest date on which the LLC is to dissolve: _____
- The LLC will be managed by (check one) a ☒ Manager or by its ☐ Members
- The names of the Managers or Members and business mailing addresses are (attach a list if necessary):
TRISTELLE D. VU - Manager
- If one or more members of the company are liable for the LLC's debts and obligations under 35-8-304(3), MCA, please attach a list of liable members and written consents of each.
- If a Professional Limited Liability Company, the services to be provided: _____
- I, HEREBY SWEAR AND AFFIRM, under penalty of law, that the facts contained in this document are true.

Tristelle Vu
Signature of Organizer

TRISTELLE VU - MGR
Printed Name & Title

4/9/14
Date

Daytime Contact: Phone: 813442 3266 Email: TRISHD.VU@Gmail.com