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M23000008076

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

#23000220580

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : API PROCESSING
Account Number : 120110000069
Phone : (954)567-0013
Fax Number : (954)567-3401

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

Email Address: Annette@apiprocessing.com

RECEIVED

2023 JUN 21 AM 8:39

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
PURE PASSION EVENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUN 21 AM 11:33

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PURE PASSION EVENTS 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:

Annette Mota

Name of Person

API Processing-Licensing, Inc.

Firm/Company

3419 Galt Ocean Drive Suite A

Address

Fort Lauderdale FL 33308

City/State and Zip Code

annette@apiprocessing.com

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

For further information concerning this matter, please call:

Annette Mota

954

567-0013 x 12

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street 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

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**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. **PURE PASSION EVENTS 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. **WYOMING**

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

3. **93-1441561**

(FBI number, if applicable)

4. **06/19/2023**

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **7364 KATHLEEN ROAD**

(Street Address of Principal Office)

SUITE 1018

LAKELAND FL 33810

6. **7364 KATHLEEN ROAD**

(Mailing Address)

SUITE 1018

LAKELAND FL 33810

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

Name: **API Processing-Licensing, Inc**

Office Address: **3419 Galt Ocean Drive Suite A**

Fort Lauderdale **33308**

(City)

, Florida

(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.

Dawn R. Tate

(Registered agent's signature)

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5. 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: RIAS GROUP HOLDINGS LLC	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 30 N GOULD STREET	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUITE 34387	<input type="checkbox"/> Authorized	_____
Person	SHERIDAN WY 82801	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.

✓ INGRID Gelert
Signature of an authorized person

Ingrid Gelert

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

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I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,


Pure Passion Events LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 19, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001256257**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 15th day of June, 2023 at 1:21 PM. This certificate is assigned ID Number 062197324.




Secretary of State

ファックス送付状

送付先

会社名

ファックス番号 18506176383

送信者 David Thomas

送信日 2023-06-20 14:50:55 CST

件名 *** ENCODING ERROR enc= 'iso-2022-jp' ***

メッセージ

*** ENCODING ERROR enc='iso-2022-jp' ***