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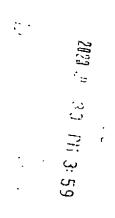
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COVER LETTER

TO:

TO:	Registration Section Division of Corporations						
SUBJE	Lrusseliglobaltradingcompany,LLC						
Name of Limited Liability Company							
The end Existen	closed "Application by Foreign Limited Liabilince, and check are submitted to register the abo	ity Company for Authorization to Transact Business in Florida," Certificate of we referenced foreign limited liability company to transact business in Florida					
Please	return all correspondence concerning this matter	er to the following:					
	Lance Russell						
		Name of Person					
	Lrussellglobaltradingcompany,LLC						
	 	Firm/Company					
	2301 W Anderson Ln Suite 10246						
		Address					
	Austin, TX 78757						
		City/State and Zip Code					
	info@lrussellglobaltradingcompany.	com					
	E-mail address: (to	o be used for future annual report notification)					
For fur	ther information concerning this matter, please	eall:					
	Lance Russell	512 9389286 ar ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section					
		Division of Corporations The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303					
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D \$\Boxed{B}\$ \$125.00 Filing Fee \$\Boxed{D}\$ \$130.00 Filing Certification \$\Boxed{C}\$ \$130.00 Filing \$\Boxed{C}\$ \$100.00 Filing	DEPARTMENT OF STATE					

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. (Name of Foreign	npany,LLC Limited Liability Company; must include "Limited	d Liability	Company," "L.L.C.," or "LLC	")		
Lrussellinternational.LLC						
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida. The	ilternate name must include "Limit	ed Liability C	Company," "L.L.	C," or "ELC."
Texas 2. (Jurisdiction under the law of which foreign limited hability company is organized)			82-2372729 3. (FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration ne penalty) liability)			
1000 Brickell Avenue			1000 Brickell Avenue			
5. (Street Address of Principal Office)			(Mailing Address)	•		
Suite #715 PMB 328 M	fiami, FL 33131		Suite #715 PMB 328 Mi	ami, FL 3	33131	
				Ü	22	
		,			5.3	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	cceptable)			
					(2)	r
Name:	Lance Russell				· · · · · · · · · · · · · · · · · · ·	<u>c</u>
name:					نب ب	
Office Address:	1000 Brickell Avenue Suite #715 PMF	328			. J	
	Miami		33131 , Florida			
	(City)		(Zíp coo	le)		

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.

Lance (WSSELL (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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Lance Russell Name: □ Manager Name: _____ □Manager Address: 2301 W Anderson Ln Address: ■ Member ☐ Member Suite 10246 Austin, TX 78757 □ Authorized □Authorized Person Person **■**Other \(\)''' □Other_____ Other Other____ Name: _____ □ Manager □ Manager ☐ Member ☐ Member Address: Address: ☐ Authorized □ Authorized Person Person □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. 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. Lance Russell Signature of an authorized person Lance Russell

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for LRussellGlobalTradingCompanyLimitedLiabilityCompany (file number 802782770), a Domestic Limited Liability Company (LLC), was filed in this office on July 28, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 23, 2023.



Phone: (512) 463-5555

Prepared by: SOS-WEB

gave Helson

Jane Nelson Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 1260345920006