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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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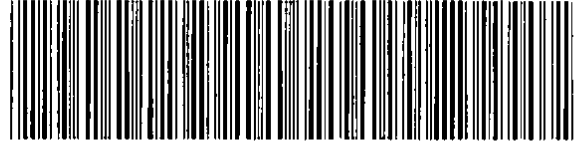
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. LEMIEUX

JUL 24 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: iService Products 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:

Sara Noplos

Name of Person

iService Products LLC

Firm/Company

1250 S Miami Ave #1315

Address

Miami, FL 33130

City/State and Zip Code

snoplos@iserviceauto.com

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

For further information concerning this matter, please call:

Sara Noplos

630

452-7272

at (_____) _____

Name of Contact Person

Area Code

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. iService Products 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.")

Delaware

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

3. (FEI number, if applicable)

07/12/2023

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

1250 S Miami Ave #1315, Miami, FL 33130

5. (Street Address of Principal Office)

6. (Mailing Address)

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

Name: Sara Noplos

Office Address: 1250 S Miami Ave #1315

Miami, 33130
(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.

(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:**

☒ Manager Name: Sara Noplos

☒ Member Address: 1250 S Miami Ave #1315

☐ Authorized Miami, FL 33130

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Joey Mule

☒ Member Address: 948 Dover St

☐ Authorized Pingree Grove, IL 60140

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: 124th St Consulting

☒ Member Address: 2269 Centre St, Boston, MA 02

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Tandon Noplos

☒ Member Address: 1250 S Miami Ave #1315

☐ Authorized Miami, FL 33130

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Laramie Rugen

☒ Member Address: 213 Sarabande Dr

☐ Authorized Cary, NC 27513

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

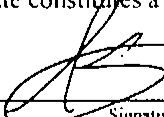
Person _____

☐ 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 felony as provided for in s.817.155, F.S.



Signature of an authorized person

Sara Noplos

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ISERVICE PRODUCTS 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 ELEVENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ISERVICE PRODUCTS LLC" WAS FORMED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2018.

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



7104681 8300

SR# 20232971558

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203724538

Date: 07-11-23

NAME RELEASE AFFIDAVIT

Deponent is the true, lawful, present, beneficial owner of a majority ownership interest in iService Products LLC, a Florida limited liability company (the "*New Company*").

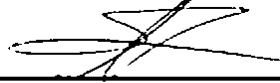
Deponent is also the true, lawful, present, beneficial owner of a majority ownership interest in iService Products LLC, a Delaware limited liability company (the "*Original Company*"). Deponent states that the Original Company attempted on July 11, 2022 to get qualified as a foreign company doing business in Florida and mistakenly filed the New Company.

Deponent states that Deponent has filed a dissolution of the New Company online with the Florida Secretary of State and has no plans to reinstate it and Deponent desires that the New Company name, iService Products LLC, be released and available for the Original Company's filing of its Qualification to do business in Florida as a foreign (Delaware) company.

Deponent states that the above statements are true to Deponent's knowledge, information, and belief.

Dated as of July 12, 2023

Sara Noplos



Title: Manager

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of Los Angeles

Subscribed and sworn to (or affirmed) before me

on this 12th day of July, 2023.

by SARA NOPLOS

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me

Signature: 

