

M23000010377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

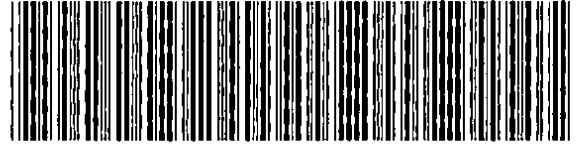
(Document Number)

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CLERK OF STATE
TAMPA, FLORIDA

M. SOLOMON

AUG 10 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Suite 66 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:

Precious Williams
Name of Person

Firm/Company

4450 Tropea Way Apt 1101
Address

Jacksonville FL 32246
City/State and Zip Code

66suite@gmail.com
E-mail address: (to be used for future annual report notification)

2023 AUG -4 AM 9:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Precious Williams at (561) 359-7034
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. Suite 606 LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Suite 606
(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. South Carolina
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-3715321
(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. 4450 Tropea Way Apt 1101
(Street Address of Principal Office)

6. 4450 Tropea Way Apt 1101
(Mailing Address)

Jacksonville Florida
32246

Jacksonville Florida
32246

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

Name: Precious Williams

Office Address: 4450 Tropea Way Apt 1101

Jacksonville, Florida 32246
(City) (Zip code)

2023 AUG -4 AM 9:00
CLERK OF STATE
TALLAHASSEE FLORIDA

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.

Precious Williams
(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>Markyla Williams</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>4450 Taper Way</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Apt 1101 Jacksonville FL</u>	<input type="checkbox"/> Authorized	_____
Person	<u>32246</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Mehiya Carr</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>713 Victory Cir</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Dayton Beach FL</u>	<input type="checkbox"/> Authorized	_____
Person	<u>33436</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2023 AUG -4 AM 9:00
CLERK OF STATE
TREASURY DEPT

<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.

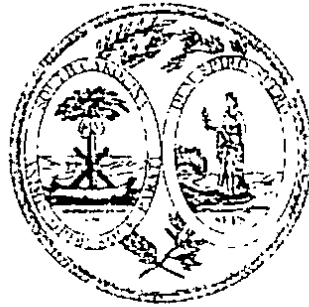
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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

Markyla Williams
Typed or printed name of signer

The State of South Carolina



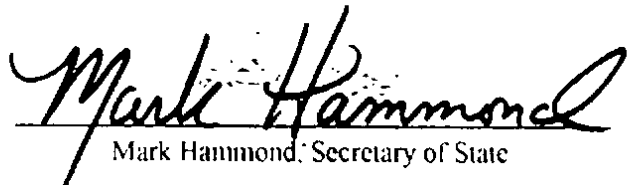
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Suite 66 LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 30th, 2023, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 19th day
of July, 2023.


Mark Hammond, Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2023

PRECIOUS WILLIAMS
4450 TROPEA WAY APT 1101
JACKSONVILLE, FL 32246

SUBJECT: SUITE 66 LLC
Ref. Number: W23000102171

We have received your document for SUITE 66 LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$130.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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

Mel Solomon
Operations Manager A

Letter Number: 923A00016796

RECEIVED
AUG 04 2023