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### **COVER LETTER**

TO:

**Registration Section** 

CT:Norm	e of Limited Liability Company
Nam	e of Limited Liability Company
	Company for Authorization to Transact Business in Florida," Cer referenced foreign limited liability company to transact business i
turn all correspondence concerning this matter t	o the following:
Christopher James	
	Name of Person
Bennu Properties LLC	
	Firm/Company
1508 Duffey Drive	
	Address
Haymarket, VA 20169	
C	ity/State and Zip Code
bennupropertiesva@gmail.com	
E-mail address: (to be	e used for future annual report notification)
er information concerning this matter, please ca	II:
Christopher James	540 270-6356 at ( )
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
. ananasee: 1 12 52517	Tallahassee, FL 32303

### 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:

	Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "LLC.")	
available, enter alternate	name adopted for the purpose of transacting business in V	orida. The alternate name must include "Limited Liability Company,"	'n I C'' or n
,			1, 1, 0, 1,
Virginia	hich foreign limited hability company is organized)	3. 92-1032891 (Hill number, 11 applicable)	
iction under the law of w	hich foreign limited liability company is organized)	(HEI number, if applicable)	
	(Date tirst transacted business in Florida at prior to	remstration t	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	ne penalty liability)	
508 Dul	ifey Drive	6. 14658 Gap Way	
ess of Principal Office)		(Mailing Address)	
and actal	VA 20169	1107 725	
MALMALKET	<u>, V/J 20164</u>	Unit 326	
		Haussuchal VA	70100
<u> </u>	<del></del>	May Market, VA ?	20168
			30168
and street addres	ss of Florida registered agent: (P.O. Box		20168
and street addres	ss of Florida registered agent: (P.O. Box		<u> 20168</u>
and street address Name:	ss of Florida registered agent: (P.O. Box Northwest Registered Agent LLC		Q0168 ∴
			20168
Name:			20168
Name:	Northwest Registered Agent LLC 7901 4th St N STE 300	NOT acceptable)	20168
Name:	Northwest Registered Agent LLC 7901 4th St N STE 300 St. Petersburg	NOT acceptable)	20168
Name:	Northwest Registered Agent LLC 7901 4th St N STE 300		20168
Name: Office Address: ed agent's accep	Northwest Registered Agent LLC  7901 4th St N STE 300  St. Petersburg  (City)	NOT acceptable)  Florida 33702 (Zip code)	35 STON 111111111111111111111111111111111111
Name: Office Address: ed agent's acception named as re	Northwest Registered Agent LLC  7901 4th St N STE 300  St. Petersburg  (City)  stance: registered agent and to accept service of p	Florida 33702  (Zip code)	SON AS 15 Pany at the
Name: Office Address: ed agent's accepteen named as red in this applically with the provise	Northwest Registered Agent LLC  7901 4th St N STE 300  St. Petersburg  (City)  Stance:  rgistered agent and to accept service of partion, I hereby accept the appointment a	NOT acceptable)  Florida 33702 (Zip code)	pany at the ity. I furth

(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:
■Manager	Name: Christopher James	■Manager	Name: Chandler James
□Member	Address:	□Member	Address: 9124 Mountain Run Lake Road
□Authorized	Haymarket, Va 20169	□Authorized	Culpeper, VA 22701
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	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. 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.

Christopher B. James

# Common brealth of Hirginia



## State Corporation Commission

#### CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That Bennu Properties LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on November 13, 2022; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

August 7, 2023

Bernard J. Logan, Clerk of the Commission