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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : INCFILE.COM LLC
Account Number : 120220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

**Foreign Limited Liability Company
Disabilities 'R' US LLC**

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: Disabilities 'R' US 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:

LOVETTE DOBSON

Name of Person

Firm Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

Name of Contact Person

at (1) 888-462-3453

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

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 608.04, F.L.A.S. 608.04(1) THE FOLLOWING IS SUBMITTED FOR REGISTRATION AS A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Disabilities 'R' US LLC

Name of foreign limited liability company must include "limited liability company," "LLC," or "L.L.C."

Name of the state or states in which the foreign limited liability company is authorized to do business (include all states, D.C., and Puerto Rico)

Nevada

Name of the state or states in which the foreign limited liability company is authorized to do business (include all states, D.C., and Puerto Rico)

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

1150 Nw 72nd Ave Tower 1

1150 Nw 72nd Ave Tower 1

Ste 455 #13018

Ste 455 #13018

Miami, FL 33126

Miami, FL 33126

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

Name Hawa Montgomery

Office Address 9701 Westview Dr. #1424

Coral Springs

Florida 33076

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.

Hawa Montgomery

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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>
Member	Name <u>Hawa Montgomery</u>	Member	Name _____
Member	Address _____	Member	Address _____
Authorized	<u>9701 Westview Dr. #1424</u>	Authorized	_____
Person	<u>Coral Springs, FL 33076</u>	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 officer 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 a translator must be submitted.)

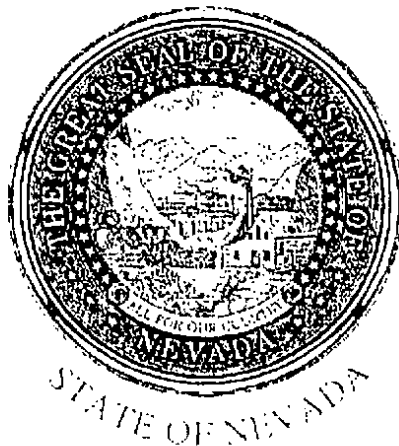
10. This document is executed in accordance with section 607.02(3)(b), Florida Statutes. I am aware that any false information provided on a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Hawa Montgomery
Secretary of the corporation

Hawa Montgomery
Secretary of the corporation

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SECRETARY OF STATE (((H23000328886 3)))



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Disabilities 'R' US LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 05/09/2023, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/18/2023.

A handwritten signature in cursive script that reads "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202309183956167

You may verify this certificate
online at <http://www.nvsos.gov>

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