Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

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

[©]Email Address:_

Foreign Limited Liability Company

Dorcin Investments & Consultant Limited Liability Company

Certificate of Status	0
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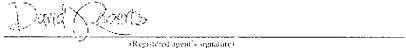
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05:00), FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limited	Hability Company, "U.L.C.," or "LLC")	
Il name unavailable, enter alternate	name adopted for the partiose of transacting business in H	orida. The alternate name (mis) melude "Limited Lial	bility Company," "L.I. C." or "L.I.C."
Georgia		93-31002036	
thansdiction under the law of w	duch foreign limited hability company is organized)	(FT) mumber	r, if apalicable)
i			
	(Date first transacted business in Florida, if piner to: (See sections 1917) 1904 A. 748 (1945), U.S. to determine	egistratian) në përatëy hability)	··········
7901 4th St N STE 300		195 13th St. NE	
street Address of Principal Office)		6. (Mailing Address)	
St. Petersburg, FL 3376	02	Allanta, CA 30309	
			P
. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2023 OCT
Name:	Registered Agents Inc		
Office Address.	7901 4th St N STE 300		
	St. Petersburg	Fiorida 33702	

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.



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:	<u>Title or Capacity:</u>	Name and Address:
□Manager	Name: Dorcin, Rosier	□Manager	Name: Alcindor-Dorcie, Marie
X∙Member	Address	XMember	Address:
□Authorized	195 13th St. NE	□Authorized	7901 4th St N STE 300
Person	Atlanta, GA 30309	Person	St. Petersburg, FL 33702
⊡Other	□Other	□ Other	□O;her
□Manager	Name: Dorcin, Roger	[] Manager	Name.
₩ Member	Address:	□Member	Address:
[]Authorized	7901 4th St N STE 300	□ Amhorized	
Person	St. Petersburg, Ft. 33702	Person	
[]Other	□ Other □	□!Other	
LJManager	Name:	L!Manager	Name:
⊡Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		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.847,155, F.S.

Rest with	40.000	
	/ Signature of an authorized person	
Robin Jones		
	Exped or printed name of squee	-

Control Number: 22239360

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Dorcin Investments & Consultant Limited Liability Company a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 26112988 Date Inc/Auth/Filed: 11/09/2022 Jurisdiction : Georgia Print Date : 09/26/2023

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State