

M23000013221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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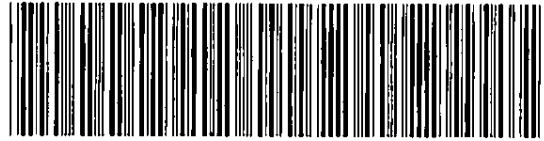
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT 13 2023  
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OFFICE OF THE  
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**CORPORATE  
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**FOREIGN LLC**

**1. JULIET ONE, LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JULIET ONE, 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:

MARK A SCHNEIDER  
Name of Person

MARK A. SCHNEIDER, P.A.  
Firm/Company

1100 LEE WAGNER BLVD SUITE 321  
Address

FT LAUDERDALE, FL 33315  
City/State and Zip Code

masv35@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK A. SCHNEIDER at (954) 661-6275  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Dana  
Wallshien

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. JULIET ONE, 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.")

2. DELAWARE 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. NONE AS OF YET  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 300 GREEK VIEW ROAD 1100 LEE WAGENER  
(Street Address of Principal Office) (Mailing Address)  
SUITE 209 SUITE 321 BLUE  
NEWARK, DE 19711 FT. LAUDERDALE, FL

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

Name: MARK A. SCHNEIDER P.A.

Office Address: 1100 LEE WAGENER BLVD SUITE 321  
FT LAUDERDALE, FL 33315  
(City) (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.

MARK A SCHNEIDER  
(Registered agent's signature)

APPROVED  
AND  
FILED

2023 OCT 13 PM 6:39

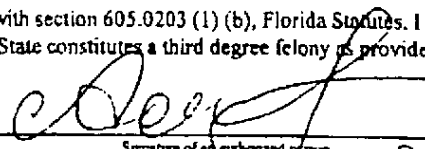
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

| <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:    | DARA WALLSHEIN                 |  | <input type="checkbox"/> Manager           | Name:    |                                |  |
| <input type="checkbox"/> Member             | Address: | 119 MARLIN DRIVE               |  | <input type="checkbox"/> Member            | Address: |                                |  |
| <input type="checkbox"/> Authorized Person  |          | BOYNTON BEACH, FL<br>33435     |  | <input type="checkbox"/> Authorized Person |          |                                |  |
| <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other             |          | <input type="checkbox"/> Other |  |
|   |          |                                |  |  |          |                                |  |
| <input type="checkbox"/> Manager            | Name:    | SUSAN BEZTAL                   |  | <input type="checkbox"/> Manager           | Name:    |                                |  |
| <input checked="" type="checkbox"/> Member  | Address: | 10431 COLONY DR.               |  | <input type="checkbox"/> Member            | Address: |                                |  |
| <input type="checkbox"/> Authorized Person  |          | WAGSHEAD, NC<br>27959          |  | <input type="checkbox"/> Authorized Person |          |                                |  |
| <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other             |          | <input type="checkbox"/> Other |  |
|   |          |                                |  |  |          |                                |  |
| <input type="checkbox"/> Manager            | Name:    |                                |  | <input type="checkbox"/> Manager           | Name:    |                                |  |
| <input type="checkbox"/> Member             | Address: |                                |  | <input type="checkbox"/> Member            | Address: |                                |  |
| <input type="checkbox"/> Authorized Person  |          |                                |  | <input type="checkbox"/> Authorized 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  
Dara Wallshein  
\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JULIET ONE, 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 THIRTEENTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "JULIET ONE, LLC" IS A SERIES LIMITED LIABILITY COMPANY.



2457106 8300E

SR# 20233725515

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 204368864

Date: 10-13-23