M23000013449

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:	Registration Section Division of Corporations				
SHRIF	Aslan Enterprises, LL	С			
3010.		Name of Limi	ted Liability (Company	
The end Existen	closed "Application by Foreice, and check are submitted	gn Limited Liability Company to register the above reference	for Authoriza d foreign limit	tion to Transact Business in Florida," Cert ed liability company to transact business i	tificate of in Florida.
Please r	eturn all correspondence con	ncerning this matter to the follo	owing:		
	Matthew Agnini				
		Name	of Person		
		Firm/G	Company		
	1022 Shore Acres		• •		
Address					
	Leesburg, FL 347	748			
		City/State	and Zip Code		
	agninidds@gmail.c				
	-	E-mail address: (to be used for	future annual	report notification)	
For furt	her information concerning	this matter, please call:			
	Nathan Whisamore	at	800	375-2453	
	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 Please make check payable	following amount: c to: FLORIDA DEPARTME	ENT OF STA	TE	
	S125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status		Filing Fee & S160.00 Filing Fee, of Status & Certified	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY 1.

	reign Limited Liability Company; must include "Lir	nited Liability Company " " 1 2 2	
		Company, L.L.C.," or "LLC	C.")
f name unavailable, enter altern	nate name adopted for the purpose of transacting business in		
and altern	ance name adopted for the purpose of transacting business in	Florida. The alternate name must include at include	
Alaska		must metable Limited	Liability Company," "L. L.C," or "L
		93-3722645	
and a later of the later	of which foreign limited liability company is organized)	3	
		(FEI m	imber, if applicable)
	(Date first to		
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to deter	to registration.)	
200 W. 34th Ave., #	4977	made penanty hability)	
	,,,,	1022 Shore Acres Drive	
(Street Address	of Principal Office)	0. <u></u>	
		(Mailing Ad	dress)
A DCDOroga A 1/ OOE/			
Anchorage, AK 9950	03	Leeshurg CL 24240	
Anchorage, AK 9950		Leesburg, FL 34748	
Anchorage, AK 9950		Leesburg, FL 34748	
Anchorage, AK 9950		Leesburg, FL 34748	
Anenorage, AK 9950		Leesburg, FL 34748	
			185
			185
	ess of Florida registered agent: (P.O. Box		74.5
	ess of Florida registered agent: (P.O. Box		: :
	ess of Florida registered agent: (P.O. Box Matthew Agnini	NOT acceptable)	753
Name and street addre	ess of Florida registered agent: (P.O. Box	NOT acceptable)	· S.5
Name and <u>street addre</u> Name:	ess of Florida registered agent: (P.O. Box Matthew Agnini	NOT acceptable)	**5
Name and street addre	ess of Florida registered agent: (P.O. Box Matthew Agnini 1022 Shore Acres Drive	NOT acceptable)	155
Name and <u>street addre</u> Name:	ess of Florida registered agent: (P.O. Box Matthew Agnini 1022 Shore Acres Drive	NOT acceptable)	155
Name and <u>street addre</u> Name:	ess of Florida registered agent: (P.O. Box Matthew Agnini 1022 Shore Acres Drive	NOT acceptable)	755
Name and <u>street addre</u> Name:	ess of Florida registered agent: (P.O. Box Matthew Agnini 1022 Shore Acres Drive	NOT acceptable)	755 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7

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: Title or Capacity: Name and Address: Name: Joannie Agnini Name: Matthew Agnini Manager Manager Address: ____ Address: _ 1022 Shore Acres Drive Member Member Leesburg, FL 34748 Leesburg, FL 34748 Authorized Authorized Person Person Other____ Other_ Other_ Other____ ■ Manager Name: 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. Nonindexed 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.

Musko Hungarian Signature of an authorized person



Alaska Entity #10246938

State of Alaska

Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Aslan Enterprises, LLC

This entity was formed on September 28, 2023 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective October 3, 2023.

Julie Sande Commissioner