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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FRUTY FLOWER AMP ATLANTA 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:

SUGEY LANDAETA
Name of Person

FRUTY FLOWER AMP ATLANTA LLC
Firm/Company

1443 BERRY LANE
Address

DAVENPORT FL 33837
City/State and Zip Code

sugeylandaeta80@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUGEY LANDAETA at (470) 2900448
Name of Contact Person 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

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. FRUTY FLOWER AMP ATLANTA LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

FRUTY FLOWER AMP 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. GEORGIA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 19059338

(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1443 BERRY LANE

(Street Address of Principal Office)

6. 1443 BERRY LANE

(Mailing Address)

DAVENPORT FL 33837

DAVENPORT FL 33837

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

Name: SUGHEY LANDAETA

Office Address: 1443 BERRY LANE

DAVENPORT

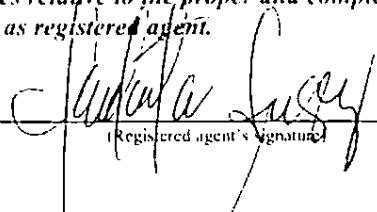
(City)

, Florida 33837

(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.


(Registered agent's signature)

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2023 AUG -3 PM 1:33
CLERK OF CIRCUIT COURT
DADE COUNTY, FLORIDA

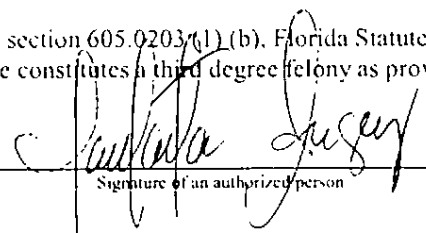
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>SUGEY LANDAETA</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1443 BERRY LANE</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>DAVENPORT FL 33837</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>BENICIA ANGULO</u>	 <input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>1443 BERRY LANE</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>DAVENPORT FL 33837</u>	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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
 SUGEY LANDAETA

 Typed or printed name of signee

Control Number : 19059338

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF ORGANIZATION

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

FRUTY FLOWER AMP ATLANTA LLC
a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **04/23/2019** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **05/02/2019**.



Brad Raffensperger

Brad Raffensperger

STATE OF GEORGIA

Secretary of State

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

Annual Registration

Electronically Filed

Secretary of State

Filing Date: 07/27/2022 11:54:58

BUSINESS INFORMATION

BUSINESS NAME : FRUTY FLOWER AMP ATLANTA LLC
CONTROL NUMBER : 19059338
BUSINESS TYPE : Domestic Limited Liability Company
ANNUAL REGISTRATION PERIOD : 2022, 2023, 2024

BUSINESS INFORMATION CURRENTLY ON FILE

PRINCIPAL OFFICE ADDRESS : 2535 FAIRMONT PARK CT, DACULA, GA, 30019, USA
REGISTERED AGENT NAME : SUGEY ALEJANDRA LANDAETA
REGISTERED OFFICE ADDRESS : 2535 FAIRMONT PARK CT, DACULA, GA, 30019, USA
REGISTERED OFFICE COUNTY : Gwinnett

UPDATES TO ABOVE BUSINESS INFORMATION

PRINCIPAL OFFICE ADDRESS : 2535 FAIRMONT PARK CT, DACULA, GA, 30019, USA
REGISTERED AGENT NAME : SUGEY ALEJANDRA LANDAETA
REGISTERED OFFICE ADDRESS : 2535 FAIRMONT PARK CT, DACULA, GA, 30019, USA
REGISTERED OFFICE COUNTY : Gwinnett

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE : sugey landaeta
AUTHORIZER TITLE : Organizer