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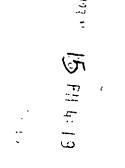
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Office Use Only



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T. LEMIEUX NOV 2 1 2023

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Black and Yellow Dragon, LLC				
VODUTO I	Nam	e of Limited Liability Comp	any		
Please return	n all correspondence concerning this matter to	o the following:			
	Nathan Hanson				
	Black and Yellow Dragon, LLC				
		Name of Limited Liability Company d Liability Company for Authorization to Transact Business in Flor the above referenced foreign limited liability company to transact his matter to the following: Name of Person LLC Firm/Company Address City/State and Zip Code dress: (to be used for future annual report notification) r. please call: 903			
	9140 SW 155th Street				
		Address			
	Dunnellon, Florida 34432				
	C	ity/State and Zip Code			
	bydragon300@gmail.com				
	E-mail address: (to bo	used for future annual repo	ort notification)		
For further i	nformation concerning this matter, please ca	H:			
Na	ithan Hanson				
	Name of Contact Person		Daytime Telephone Number		
Mailing Address: Registration Section		Registration Section			
Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314					
1 a	manassee, FL 32314				
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEF \$125,00 Filing Fee	e & 🔲 \$155.00 Filing F	-		



October 6, 2023

NATHAN HANSON 9140 SW 155 ST DUNNELLON, FL 34432

SUBJECT: BLACK AND YELLOW DRAGON, LLC

Ref. Number: W23000137108

We have received your document for BLACK AND YELLOW DRAGON, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as. or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

RECEIVED

NOV 1 5 2013

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 HABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, Black and Yellow Dragon, LLC

name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The alternate name must include "Limited I	iability Company," "L.L.C," or "	
Oklahoma		3. 93-36183	78	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI num	(FEI number, if applicable)	
September 77, 2023	(Haven't Started	-perding regist	ration)	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	une penalty liability)		
9140 SW 155th Street		424 Seville Drive		
reet Address of Principal Office)		6. (Mailing Address)		
Dunnellon, Florida 344	132	Edmond, Oklahoma 73034	12. <u>2</u>	
			5	
Name and street address	s of Florida registered agent: (P.O. Box	(<u>NOT</u> acceptable)	, p	
			- ·	
Name:	Nathan Hanson		. 2	
Office Address:	9140 SW 155th Street			
	Dunnellon	34432 , Florida		
	(City)	(Zip code)	<u>-</u>	

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)

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: JOSEPH McComore Name: Nothon Hanson Address: 9334 Sw 9475 LOUP Address: 9140 SW 155th St .□Member □Member Oca-A, FC 34921 Dunnellon, FC 3443Z □ Authorized □ Authorized Person Person □Other____ □Other_____ □Other_____ □Other_____ Name: ____ □Manager Name: □Manager Address: Address: □Member ☐ Member □ Authorized □ Authorized Person Person □Other_____ □Other_____ □Other_____ □Other_____ Name: _____ □ Manager Name: □ Manager Address: ☐ Member Address: ☐ Member □ 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. Signature of an authorized person Norman Haww

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>BLACK AND YELLOW DRAGON, LLC</u> whose registered agent is <u>NATHAN HANSON</u>, with its registered office at <u>424 SEVILLE</u> <u>DRIVE EDMOND 73034 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereumo set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>31st</u>, day of <u>October</u>, <u>2023</u>.

Secretary Of State