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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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က <u>်သို့ a</u> u	nual	report	mailin	gs.	Enter	only or	ne emaiĺ	addre	ess pl	ease.	**

# **Foreign Limited Liability Company** LINDOR DREAMS ENTERPRISE LLC

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Certified Copy	0
Page Count	04
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K. Brumbley



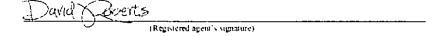
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

LINDOR DREAMS ENT	TERPRISE LLC				
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Co	mpany, "E.U.C.," or "U.C.")		
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alter	nate name must include "Limited L	iability Company," "LL.C."	or "LLC.")
2. New York [1] (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. <u>47</u>	-4956001	her, il applicable)	<del></del>
	, , , , , ,				
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, E.S. to determ	registration.) me penalty habi	lityt	<del></del>	
7901 4th St N STE 300 5. (Street Address of Principal Office)	) ————————————————————————————————————	6	Pecan Pass (Mailing Address)		
St. Petersburg FL 33702 US		Oc.	ala FL 34472 US		
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acco	eptable)	2023 DEC - 7	
Name:	Registered Agents Inc	<del></del>	_	. 3	1-11-14 [
Office Address:	7901 4th St NSTE 300		<u> </u>	0: 19	
	St. Petersburg		, Florida		
	(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.



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 Capacit	<u>v:</u>	Name and Address:
□Manager	Name: Lindor, Newton	□Manager	Name:	
<b>⊠</b> Member	Address: 7901 4th St N STE 300	□Member	Address:	
□Authorized	St. Petersburg FL 33702	□Authorized		
Person		Person		
□Other	□Other	Other		☐ Other
□Manager	Name:	□Manager	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. 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.

Robins Jons	41	
	Signature of an authorized person	
Rabin Jones		
	Typed or printed name of signee	

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I. ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: LINDOR DREAMS ENTERPRISE LLC

DOS ID Number: 4845647

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 11/05/2015

Statement Status: CURRENT Statement Due Date: 11/30/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 07, 2023 at 10:53 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughan

By Brendan C. Hughes
Executive Deputy Secretary of State

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