

M23000015806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

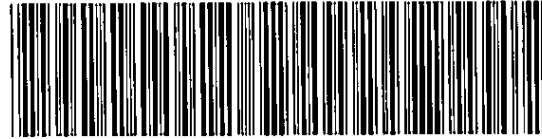
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23-168064

Office Use Only



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2023 DEC 18 PM 3:19

OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FLORIDA

DEC 19 2023

K. Brumblay



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 19, 2023

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: TAHARQA CORP LLC  
Ref. Number: W23000168064

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

The business name cannot contain a double suffix/words that make it appear to be a different type of entity. Please list an alternate name to be used in Florida.

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.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 023A00028890

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ALLAHABADEE, ALABAMA

FLORIDA CAPITAL COURIER SERVICES, INC


2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

**Please use funds from this account: I20210000160: \$160.00**

**Authorization Signature:**

 :

**TAHARQA CORP LLC**

**BUSINESS NAME**

**DOCUMENT #**

**\_X\_ Certified Copy**

**\_X\_ Certificate of Status**

**NEW FILINGS**

\_\_\_ Profit Corp

\_\_\_ Not for Profit

\_\_\_ Limited Liability

\_\_\_ Domestication

\_\_\_ LLLP

\_\_\_ CORP

\_\_\_ Other

\_\_\_ Other

**AMMENDMENTS**

\_\_\_ Amendment

\_\_\_ Resignation of R.A. Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Revocation of Dissolution

\_\_\_ Merger

\_\_\_ Articles of Conversion

\_\_\_ Restated Articles of Incorporation

\_\_\_ Statement of Authority

**OTHER FILINGS**

\_\_\_ Apostille

\_\_\_ Country

\_\_\_ Annual Report

\_\_\_ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

**\_X\_ Foreign Filing**

\_\_\_ Reinstatement

\_\_\_ Qualification

\_\_\_ Other

**EXAMINER'S INITIALS: \_\_\_\_\_**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Taharqa Corp 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:

Aren Joseph

Name of Person

Taharqa Corp LLC

Firm/Company

310 Joseph Lane

Address

Conway, South Carolina 29527

City/State and Zip Code

arenjoseph58@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aren Joseph

Name of Contact Person

at ( 786 )

Area Code

445-2496

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

Taharqa Group 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. South Carolina  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 93-4179236  
(FEI number, if applicable)

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

5. 310 Joseph Lane  
(Street Address of Principal Office)

6. 310 Joseph Lane  
(Mailing Address)

Conway, South Carolina

Conway, South Carolina

29527

29527

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

Name: Daniel Joseph

Office Address: 4109 SW Utter back St.

Port St. Lucie, Florida 34953  
(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.

Daniel Joseph  
(Registered agent's signature)

2013 DEC 19 PM 5:31  
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JUDICIAL  
CIRCUIT IN AND FOR  
THE COUNTY OF PALM BEACH  
STATE OF 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]:

**Title or Capacity:**                      **Name and Address:**

☒ Manager              Name: Aren Joseph

☐ Member              Address: 310 Joseph Lane

☐ Authorized              Conway South Carolina

                                 Person 29527

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager              Name: Daniel Joseph

☒ Member              Address: 4109 SW Utter back St.

☐ Authorized              Port St. Lucie, Florida

                                 Person 34953

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

                                 Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

                                 Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

                                 Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

                                 Person \_\_\_\_\_

☐ 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.

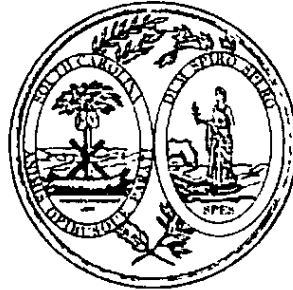
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.



\_\_\_\_\_  
Signature of an authorized person

# *The State of South Carolina*




*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Taharqa Corp LLC, a limited liability company duly organized under the laws of the State of South Carolina on October 28th, 2023, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 30th day  
of October, 2023.

  
Mark Hammond, Secretary of State