# M24000001424

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





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### COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: _	AGENCY-INTER	3NATIONALE, LLC Limited Liability Company		
	Application by Foreign Limited Liability Com	pany for Authorization to Transact Business in Florida," Certific renced foreign limited liability company to transact business in Fl		
Please return a	all correspondence concerning this matter to the	: following:		
	DAN RETT	Plame of Person		
	ACENCY-IN	TERNATIONALE, LLC firm/Company		
14551 MILLHOPPER Rd Address				
JACKSONVILLE FL 32258 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further inf	Ormation concerning this matter, please call:			
	DAN RETTER Name of Contact Person	at (703) 821-2400 Area Code Daytime Telephone Number		
Regi Divi P.O.	ing Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Pleas	osed is a check for the following amount: the make check payable to: FLORIDA DEPART 125.00 Filing Fee	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certifica		

### 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. LIN COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ITTED LIABILITY
1. AGENCY—TWTERNATIONALE LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," L.L.C.," or "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.	O," or "LLC.")
2. (Jurisdiction under the law of which foreign limited liability company is organized)  3. \$3 - 338 378 (FEI number, if applicable)	1
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 14551 MILLHOPPER Rd 6. SAME (Street Address of Principal Office)	
JACKSONVILLE, FL	
32258	
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	HAC EZEZ
Name: DANVIEL BETTER	
Office Address: 14551 MILLHOPPER Pd.	
TACKSONVILLE . Florida 32258 (City) (Zip code)	t 0
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am for and accept the obligations of my position as registered agent.	further agree

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:
⊠Manager	Name DANIEL	□Manager	Name: MARIA RETTER
<b>⊠</b> Member	Address: 14551	⊠Member	Address: 14551
<b>E</b> KAuthorized	MILLHOPPER Rd.	SAuthorized >	MILLHOPPER Rd
Person	JACKSONVILLE, FL	Person	
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. 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.

TYPER MANAGING MEMBER
Typed or printed name of signee

# Commonduealth of Hirginia



## State Corporation Commission

### CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Agency-Internationale, llc is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on August 20, 2021; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

January 8, 2024

Bernard J. Logan, Clerk of the Commission

#### DANIEL L RETTER

14551 Millhopper Road, Jacksonville, Florida, 32258

Dear Helpful Person

9 January 2024

PLEASE process these 4 Applications TOGETHER, so that you can return all 4 of the Certificates to me, all together, inside the enclosed Pre-Paid Express Envelope.

These are the 4 Applications:

- 1. Agency-Internationale, LLC
- 2. Yona American Systems Group, LLC
- 3. American Systems Group, Inc.
- 4. Capitol Capital, Incorporated

I appreciate this accommodation, and thank you in advance for your special processing help.

Please CALL me IF there are any defects in my applications: **703-821-2400**.

Best Regards,

Daniel Retter