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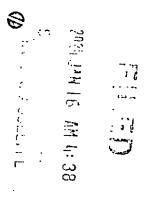
(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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Certified Copies Certificates of Status						
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COVER LETTER

	Division of Corporations					
SUBJE	AVODAH CONSULTANTS LLC					
Name of Limited Liability Company						
The end Existen	closed "Application by Foreign Limited Liability ice, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.				
Please	return all correspondence concerning this matter t	to the following:				
	JAMES D SMITH III					
		Name of Person				
	AVODAH CONSULTANTS LLC					
		Firm/Company				
	14422 SHORESIDE WAY, STE 110 I	PMB 158				
		Address				
	WINTER GARDEN, FL 34787					
		City/State and Zip Code				
	JSMITHSTL24@GMAIL.COM					
	E-mail address: (to be	e used for future annual report notification)				
For fur	ther information concerning this matter, please ca	all:				
JAMES D SMITH III		314 712-5728 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEI \$\equiv \text{\$125.00 Filing Fee} \text{\$130.00 Filing Fe} Certificate of	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate				

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

L AVODAH CONSULT						
(Name of Foreign	Limited Liability Company; must includ	le "Limited Liability Company	," "L.L.C.," or "LLC.")		_	
AVODAH CONSULTAR	NTS LIMITED LIABILITY CO	MPANY				
(If mane mavailable, enter alternate	name adopted for the purpose of transacting be	isiness in Florida. The alternate nar	ne must include "Limited L	liability Company," "L L C," or	"LLC,")	
MISSOURI 2. Oursdiction under the law of w	hich foreign limited hability company is organ	3	8986 (FEI imm	ber, if applicable)		
09/15/2023 4.						
	(Date first transacted business in Florida (See sections 605 0904 & 605 0905, F.S.)	i, if prior to registration.) i, to determine penalty liability.)				
5	VAY, STE 110 PMB 158	14422 S 6.	HORESIDE WAY.	, STE 110 PMB 158	_	
(Street Address of Principal Office)		(Mai	ling Address)			
WINTER GARDEN. I	FL 34787	WINTER GARDEN, FL 34787				
					_	
7. Name and street address	ss of Florida registered agent: (P	O. Box NOT acceptable	e)	PARLAN		
Name:	JAMES D SMITH III			9 HW		
Office Address:	14422 SHORESIDE WAY, STE 110 PMB 158			A	3 6 \$	
	WINTER GARDEN		34787 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.

(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	<u>::</u>	Name and Address:
■Manager	Name: JAMES D SMITH III	□Manager	Name:	
□Member	Address: 14422 SHORESIDE WAY	□Member	Address:	
□Authorized	STE 110 PMB 158	□Authorized		
Person	WINTER GARDEN, FL 34787	Person		
□Other	Other	□Other		□Other
□Manager	Name:JDS ENTERPRISES OF MISSOU	□Manager	Name:	
■Member	Address: 14422 SHORESIDE WAY	□Member	Address:	
□Authorized	STE 110 PMB 158	□Authorized		
Person	WINTER GARDEN, FL 34787	Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□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.

JAMES D SMITH III

iyped or printed name of signee

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Avodah Consultants LLC LC1740359

was created under the laws of this State on the 28th day of October, 2020, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 6th day of December, 2023.

Secretary of State

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Certification Number: CERT-12062023-0025