

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
M24000003396

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2024 MAR 15 AM 11:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company
The Unruled, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2024 MAR 15 PM 12:39

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MAR 16 2024
K. Brumbley

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

IN COMPLIANCE WITH SECTION 068.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. THE UNRULLED, 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.," or "LLC."

2. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3

(FBI number, if applicable)

4

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine perjury liability.)

5. (Street Address of Principal Office)

1233 Apopka Lane

Pompana, FL, 34759

6.

(Mailing Address)

1233 Apopka Lane

Pompana, FL, 34759

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

Name:

LEGALINC CORPORATE SERVICES INC.

Office Address:

476 Riverside Ave

Jacksonville

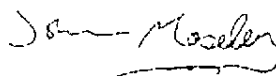
32202
Florida

(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)

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FILED

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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]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name <u>Antonia Opiah</u>	<input checked="" type="checkbox"/> Manager	Name <u>Abigail Opiah</u>
<input checked="" type="checkbox"/> Member	Address _____	<input checked="" type="checkbox"/> Member	Address _____
<input checked="" type="checkbox"/> Authorized	<u>1233 Apopka Lane</u>	<input checked="" type="checkbox"/> Authorized	<u>1233 Apopka Lane</u>
Person	<u>Poinciana, FL, 34759</u>	Person	<u>Poinciana, FL, 34759</u>
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Manager	Name <u>Matthew Timminello</u>	<input type="checkbox"/> Manager	Name _____
<input checked="" type="checkbox"/> Member	Address _____	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized	<u>52 West 50th Street</u>	<input type="checkbox"/> Authorized	_____
Person	<u>New York, NY, 10112</u>	Person	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Manager	Name _____	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address _____	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> 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 317.155, F.S.

((H24000100522 3))



Signature of an authorized person.

Antonia Opiah

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

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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:	THE UNRULED, LLC
DOS ID Number:	5663630
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	11/27/2019
Statement Status:	CURRENT
Statement Due Date:	11/30/2025

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 March 15, 2024 at 10:55 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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