# M240003149

(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:						
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#### COVER LETTER

TO:

TO:		ation Section 1 of Corporations	;					
SUBJE		NNESTRA HOLI	DINGS, LLC					
Name of Limited Liability Company								
						t Business in Florida," Certificate of npany to transact business in Florida.		
Please r	eturn all	correspondence co	ncerning this matter to the f	following:				
		Andrew Cannest	га					
			Na	me of Person	_			
	Firm/Company							
14286 Beach Blvd., Ste. 19204								
Address								
		Jacksonville,	FL 32250					
	City/State and Zip Code							
		acannestra@	)yahoo.com					
		-	E-mail address: (to be used	for future annua	l report notificat	tion)		
For furtl	her inform	nation concerning	this matter, please call:					
	Olivia (	Cysewski		800 at (	375-2453			
		Name of	Contact Person	Area Code	Daytime	Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
			e following amount: e to: FLORIDA DEPART!	MENT OF STA	TE			
	_	5.00 Filing Fee	S130.00 Filing Fee & Certificate of State	□ \$155.00	Filing Fee & lied 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:

(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company	""L.L.C.," or "LLC."	()	
f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	rida. The alternate name	must include "Limited Lis	ability Company,"	"L. L. C," or "L.L.C
Alaska		81-3464	1919		
(Jurisdiction under the law of wh	3. (FEI number, if applicable)				
·					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liability)			
200 W. 34th Ave. #977		each Blvd., Ste. 1			
(Street Address of P	rincipal Office)		(Mailing Add	iress)	
Anchorage, AK 99503		JACKS	ONVILLE, FL 322	250	
				70	2024 H
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable	e)		AR -8
Name:	Andrew Cannestra				AH II: 3
Office Address:	14286 Beach Blvd., Stc. 19204			Ħ Ħ	=
	JACKSONVILLE	,1	32250 Plorida		
	(City)		(Zip coo	de)	

#### 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:

Mame and Address:

Title or Capacity:

Manager

Name:

Manager

Name:

14286 Beach Blyd Sie 19204

1301 Fox Glen Dr

□Manager	Name: Andrew Cannestra	Manager	Name: Vincent Cannestra
■Member	Address: 14286 Beach Blvd., Stc. 19204	■ Member	Address: 1301 Fox Glen Dr.
Authorized	JACKSONVILLE, FL 32250	Authorized	ST. CHARLES, IL 60174
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.

Signature of an authorized person

Andrew Cannestra

Typed or printed name of signee

Alaska Entity #10239197

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

## **Certificate of Compliance**

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

#### CANNESTRA HOLDINGS, LLC

This entity was formed on June 21, 2023 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **November 17**, **2023**.

Julie Sande Commissioner