Division of Corporations

# Florida\_Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000159727 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:\_\_\_

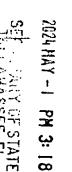
### **Foreign Limited Liability Company Happy Impulse LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



5/1/2024 13:23:41 PDT To: 18506176383 Page: 2/4 Fax: 8134365206

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

IN COMPILANCE WITH SECTION 6/15/09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	imine another to the purpose of transacting meaners in Fi	lorida. The	alternate name must include "Limited Liab	oility Company, "LLC,"
Wyoming		3.	85-0700988	
(Jurisdiction under the law of v	hich foreign limited hability company is organized)		(FEI number	r. if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605 0905, F.S. to determine	registration me penalty	t.) liability)	
150 E Wildmere Ave		6.	5635 Koweta Rd	
t Address of Principal Office)		O.	(Mailing Address)	
Suite 104			Atlanta CA 30349	
ongwood FL 32750				
Vame and street addre	ss of Florida registered agent; (P.O. Box	NOT	acceptable)	SF 28
Name:	Roberta Hall			SECTIONS TALLAHI
Office Address:	150 E Wildmere Ave #104		<del></del>	-1 PH
Critice reactions.				
Office Auditoss.	Longwood		Florida 32750	E S S

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.



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: Hall, Roberta	□Manager	Name:	
X∕Member	Address: 5635 Koweta Rd	□Member	Address:	
□Authorized	Atlanta GA 32750	□Authorized		
Person		Person		
Other	Other	□Other	<u> </u>	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	<del></del>	Person		
□Other		□Other	<del></del>	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.

Not greate		
	Signature of an authorized person	
Nat Smith		
	Typed or printed name of signee	

## STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

#### Happy Impulse LLC

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **April 10, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000910369**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 1st day of May, 2024 at 12:22 PM. This certificate is assigned ID Number 072355120.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.