

M240000005945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

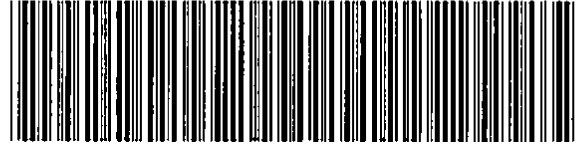
(Document Number)

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Special Instructions to Filing Officer:

W24-67095

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 MAY - 9 PM 4:27



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2024

VALERIA ESCOLIERI
3111 DICK WILSON DR.
SARASOTA, FL 34240 US

SUBJECT: MY TWO ANGELS, LLC
Ref. Number: W24000067095

We have received your document for MY TWO ANGELS, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 124A00009313

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My Two Angels, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Valeria Escolieri

Name of Person

Firm/Company

3111 Dick Wilson Dr.

Address

Sarasota, FL 34240

City/State and Zip Code

valeriaescolieri@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tuisdie McMillan

Name of Contact Person

at (800)

Area Code

375-2453

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified 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:

1. My Two Angels, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.I.C.")

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 "L.I.C."

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

3. 87-2028657
(FEI number, if applicable)

4. 02/29/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 200 W. 34TH AVE. #977
(Street Address of Principal Office)

6. 3111 Dick Wilson Dr.
(Mailing Address)

ANCHORAGE, AK 99503

Sarasota, FL 34240

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

Name: Valeria Escolieri

Office Address: 3111 Dick Wilson Dr.

Sarasota, Florida 34240
(City) (Zip code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 MAY - 9 PM 4: 27

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.

[Handwritten signature]
(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:

Manager Name: Federico Richter

Member Address: 3111 Dick Wilson Dr.

Authorized Sarasota, FL 34240

Person _____

Other AMBR Other _____

Title or Capacity: Name and Address:

Manager Name: Valeria Escolieri

Member Address: 3111 Dick Wilson Dr.

Authorized Sarasota, FL 34240

Person _____

Other AMBR Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

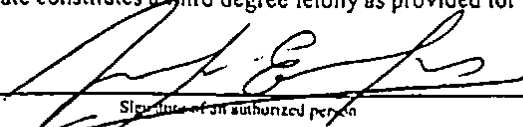
Person _____

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
 Valeria Escolieri

Typed or printed name of signee

Alaska Entity #10170362

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:

My Two Angels, LLC

This entity was formed on August 4, 2021 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 **February 29, 2024**.

A handwritten signature in black ink, appearing to read "Julie Sande".

Julie Sande
Commissioner