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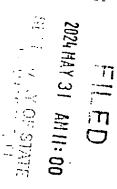
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T. LEMIEUX **JUN 14 2024**

COVER LETTER

то:	Registration Section Division of Corporations					
	VESTMENTS LLC					
SUBJI	ECT: Name o	f Limited Liability Company				
The en	nclosed "Application by Foreign Limited Liability Co ince, and check are submitted to register the above ref	mpany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida.				
Please	return all correspondence concerning this matter to the	he following:				
	C	Omar Kasani				
		Name of Person				
	0	mar Kasani CPA Inc				
	Firm/Company					
	11111 Ric	chmond Ave Suite 142				
		Address				
	F	Jouston Texas 77082				
	City/State and Zip Code jkhalil@ijitelecom.com					
	E-mail address: (to be us	sed for future annual report notification)				
For fu	orther information concerning this matter, please call:					
	Omar Kasani	713 785-4326 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Please make check payable to: FLORIDA DEPAI ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of \$1.00 Ce	& 🔲 \$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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L III Investments LLC		· · · · · · · · · · · · · · · · · · ·			
(Name of Foreign	Limited Liability Company; must include "Limited	Liability (Jompany, "L.E.C.," or "EEC.)		
If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida. The all	ernate name must include "Limited L	iability Company," "L.L.C," or "Lt C."	
	mane adopted to the parpose of nationaling resistent, in the				
State of Texas		3	88-1293160		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI num)	ser, if applicable)	
N/A We have not trans	acted in Florida as of this date				
··	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration.) ne penalty li	ability)		
13107 Bainbridge Trail, Houston, TX 77065			13107 Bainbridge Trail, Houston, TX 77065		
Street Address of Principal Office)		0	6. (Mailing Address)		
Name and street address	ss of Florida registered agent: (P.O. Box		contable)		
Name:	OMAR KASANI	<u>1101</u> ac	echaoic)	E 11.	
Office Address:	2841 W CYPRESS CREEK RD UNIT	1 A		AM II: 00	
	FORT LAUDERDALE		33309 , Florida	. 00 :	
	(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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity:

IYAD KAYYALI

■Manager	Name:	■Manager	Name: HYAD KAYYALI 11326 Harvest Dale Address: Houston, TX 77065	
■Member	Address:	□Member		
Authorized	Houston, TX 77065	■ Authorized		
Person		Person		
□Other	Other	□Other	□Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other		
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other	□Other	
indexed individua 9. Attached is a co jurisdiction under	Use an attachment to report more than six (6) Is may be added to the index when filing your entificate of existence, no more than 90 days of the law of which it is organized. (If the certificate of existence)	r Florida Department of Sta ld, duly authenticated by th	te Annual Report form. e official having custody of records in the	
	nust be submitted) It is executed in accordance with section 605.0 Turnent to the Department of State constitutes a			
Savinace in a que		Clall	race for motorrigo, 1.5.	
		ture of an authorized person		

JAMAL KHALIL Typed or printed name of signee Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for IJI Investments LLC (file number 804458818), a Domestic Limited Liability Company (LLC), was filed in this office on March 03, 2022.

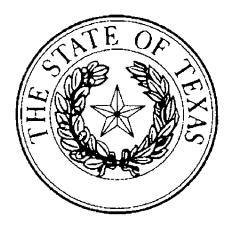
It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate JAMAL KHALIL as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

13107 BAINBRIDGE TRAIL

HOUSTON, TX - 77065 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 23, 2024.



gove Helson

Jane Nelson Secretary of State