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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tyst Amazo Enterprises 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:
Tustin Bidky Name of Person
Just Angen Enterprises LLC Firm/Company
720 N. US Hwy 441 #1077
(ady Lake (the Villages) FL 32159 City/State and ZIP Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tustin Bidry at (704) 420-1401 Name of Contact Person Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Boxed{\subseteq} \$125.00 \text{ Filing Fee} \Boxed{\subseteq} \$130.00 \text{ Filing Fee} & \Boxed{\subseteq} \$155.00 \text{ Filing Fee} & \Boxed{\subseteq} \$160.00 \text{ Filing Fee}, \text{ Certificate} \text{ Of Status & Certified Copy}

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

1. (Name of For	+ Ang In Enternance France Fra	nited Liability Company," "L.L.C.," or "LLC.")	
If name unavailable, enter alter	mate name adopted for the purpose of transacting business	in Florida The alternate name must include "Limited Liability Co	mpany," "1. L.C," or "LLC.")
2. (Jurisdiction under the law	h Car Oli Na w of which foreign limited liability company is organized)	3. 86-1494077 (FEI number, if appl	icable)
1	(Date first transacted business in Florida, if pric (See sections 605.0904 & 605.0905, F.S. to det	w to registration.)	
5. 720 Al Sureet Address of Principal Off	US Huy 44/ #1077	(72 1 US H. 44)	<i> #1077</i>
Lady Late	c. FL 32159	(Mailing Address) Lody Lake, Fa	SECRET DIVISION C
7. Name and street ac	ldress of Florida registered agent: (P.O. F		ARY OF STATE OF CORPORATION CORPORATION 2: 5
Name:	Justin Bidley	<u>. </u>	<u> </u>
Office Addre	ess: 720 N US Hwy C	14/ \$ 1077	
	Lady Lake FL (City)	, Florida <u>32159</u> (Zip code)	
Registered agent's a	as registered agent and to accept service	of process for the above stated limited liabilit at as registered agent and agree to act in this	y company at the place capacity. I further agree

Out Ref (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: Name: _ Justin Bidley_ ☐ Manager □Manager Address: 720 N W Huy 94/ Address: □Member □Member □ Authorized □ Authorized Lady Lake, FL 32159 Person Person Zother President □Other____ □Other_____ □Other_____ Name: _____ ☐ Manager □Manager Name: Address: □Member Address: _____ ☐ Member □ Authorized ☐ Authorized Person Person □Other_____ □Other_____ □Other _____ □Other Name: _____ Name: _____ □Manager □Manager □Member Address: Address: □Member ☐ 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. Nonindexed 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

TUSFIN BICKEY

Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

JUST AMAZN ENTERPRISES LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 13th day of January, 2021

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of May, 2024.

Elaine I. Marshall

Secretary of State