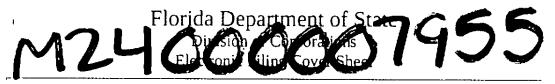
Division of Corporations



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.

(((H24000213031 3)))



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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 **Angelic Soaring Dresses LLC**

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

*Electronic Filing Menu

Corporate Filing Menu

Help

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

	Limited Liability Company; must include "Limite	ed Liability	Company," "L.L.C" or "LLC.")	
ngelic Soaring Dresses	LLC			
name unavaitable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The a	Itemate name must include "Limited Embility	Company," "L.L.C," or "LLC.
Alabama		2	87-1451903	
Unisdiction under the law of w	hich foreign lumicd liability company is organized)	۵.	(FEI number, if a	pplicable)
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration)	•
7901 4th St N STE 300			5638-B Hwy 53 PMB #506 (Mailing Address)	
rect Address of Principal Office)		-	(Mailing Address)	
St. Petersburg FL 3370	02	1	Harvest Alabama 35749	
		-		
				2
		-		21
Name and street address	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> a	cceptable)	ZE(24 J."
				<u>.</u>
	Northwest Registered Agent LLC			Œ
Name:				呈
	7901 4th St N STE 300			* * * *
Office Address:	7901 4th St N STE 300	<u> </u>		 5
Office Address:	7901 4th St N STE 300 St. Petersburg		 . Florida ³³⁷⁰²	7

(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:	Title or Capacity:		Name and Address:
□Manager	Name: Williams, LaTisha	□Manager	Name:	
☑Member	Address:	□Member	Address:	
□Authorized	5638 -B Hwy 53 PMB #506	□Authorized		
·· Person ·· ·	Harvest AL 35749	Person		
□Other <u>·</u>	Other	□Other		□Other
□Manager	Nume:	□Manager	Name:	
ŪMember	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	Other		Other
LJManager	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.

1771 9	rmith	
	Signature of an authorized person	
Nat Smith		
	Typed or printed name of signer	

Wes Allen Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Angelic Services, LLC was formed in Alabama on June 25, 2021. The Alabama Entity Identification number for this entity is 000-869-853. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20240617000008328

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

06/17/2024

Date

Wes Allen

Secretary of State