M24000004270

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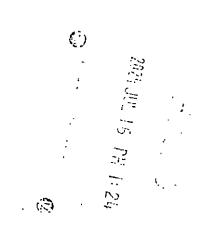


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JUL 16 2024



Registration Section

TO:

COVER LETTER

ication by Foreign Limited Liability	referenced foreign lim	zation to Transact Business in Florida," Certifica nited liability company to transact business in Flo
k are submitted to register the above respondence concerning this matter t	referenced foreign lim	
	o the following:	
yelet Rotem	=	
•		
· · · · · · · · · · · · · · · · · · ·	Name of Person	
orporate Direct, Inc.		
	Firm/Company	
248 Meridian Blvd., Ste H		
	Address	
linden, NV 89423		
C	ity/State and Zip Code	e
@corporatedirect.com		
E-mail address: (to b	e used for future annua	al report notification)
ion concerning this matter, please ca	Al:	
em	775	284-7165
Name of Contact Person	Area Code	Daytime Telephone Number
Idress: on Section of Corporations 6327 see, FL 32314	Street Address: Registration S Division of C The Centre o 2415 N. Mon Tallahassee, I	Section Corporations f Tallahassee rroe Street, Suite 810
	248 Meridian Blvd., Ste H inden, NV 89423 Comporatedirect.com E-mail address: (to be ion concerning this matter, please calem Name of Contact Person Idress: on Section of Corporations 6327	Address inden, NV 89423 City/State and Zip Code @corporatedirect.com E-mail address: (to be used for future annuation concerning this matter, please call: am 775 at (Name of Contact Person Area Code Idress: Street Address: on Section Registration Sof Corporations Division of Corporations 6327 The Centre of Cee, FL 32314 a check for the following amount:

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The alternate name must include "	Limited Liability Compan	ay," "L.L.C," or "L	
Wyoming		3.			
Durisdiction under the law of w	hich foreign limited liability company is organized)	.,	(FEI number, if applicabl	c)	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.)			
	(See sections 605 0904 & 605,0905, F.S. to determ	ine penalty liability)			
300 N. Center street, U	Jnit 6	6. 300 N. Center street	, Unit 6		
eet Address of Principal Office)		6. (Mailing Address)			
Casper		Casper			
WY 82601		WY 82601			
St. 1		Now	€0		
Name and street addres	ss of Florida registered agent; (P.O. Box	(NOT acceptable)	4.5	5.0 225	
				12:1 11:1	
Name:	Registered Agents Inc			,22	
			- ,	07	
Office Address:	7901 4th St N STE 300		:	7.5 7.5	
	St. Petersburg	337	02		
	(City)	, Florida(Z	íp code)	₹. 53	
			49		

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.

Dord Coffee		
	(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	<u>:</u>	Name and Address:
Manager	Name:	□Manager	Name:	
□Member	Address: 300 N. Center Street, Unit 6	□Member	Address:	
□Authorized	Casper	□Authorized		
Person	WY 82601	Person		
□Other	□Other	□Other		□Other
Manager	Name: Alyssa Webster	□Manager	Name:	
□Member	Address: 300 N. Center Street, Unit 6	□Member	Address:	
□Authorized	Casper	□Authorized		
Person	WY 82601	Person		
□Other	Other	□Other		Other
□Manager	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.

Ayelet Rotern, Organizer

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,

CheerfullyU LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 4**, **2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001468321**.

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 10th day of July, 2024 at 9:12 AM. This certificate is assigned ID Number 074242627.

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.

COVER LETTER

то:	Registration Section Division of Corporations	
SHRII	CheerfullyU LLC T:	
COBO	Name of Limited Liability Company	
The en Exister	ised "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificat, and check are submitted to register the above referenced foreign limited liability company to transact business in Flo	e of rida.
Please	urn all correspondence concerning this matter to the following:	
	Ayelet Rotem	
	Name of Person	
	Corporate Direct, Inc.	
	Firm/Company	
	2248 Meridian Blvd., Ste H	
	Address	
	Minden, NV 89423	
	City/State and Zip Code	
	info@corporatedirect.com	
	E-mail address: (to be used for future annual report notification)	
For fu	er information concerning this matter, please call:	
	Ayelet Rotem 775 284-7165	
	Name of Contact Person Area Code Daytime Telephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32303 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE State St	

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: CheerfullyU LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (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 "LLC.") Wyoming (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 603,0904 & 605,0905, F.S. to determine penalty liability) 300 N. Center street, Unit 6 300 N. Center street, Unit 6 (Street Address of Principal Office) (Mailing Address) Casper Casper WY 82601 WY 82601 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc Name: 7901 4th St N STE 300 Office Address: St. Petersburg (City) 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]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name: ____ Name: _____ **X**!Manager □ Manager Address: 300 N. Center Street, Unit 6 Address: _____ ☐ Member □Member Casper □ Authorized □ Authorized WY 82601 Person Person □Other____ □Other_____ Other Other Alyssa Webster Manager □Manager Name: ____ 300 N. Center Street, Unit 6 Address: ______ ☐ Member □ Member Casper □ Authorized □ Authorized WY 82601 Person Person □Other_____ __Other_____ □Other _ Other____ Name: _____ Name: □Manager □Manager Address: ☐ Member 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.

Typed or printed name of signee

Ayelet Rotem, Organizer

STATE OF WYOMING Office of the Secretary of State

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CheerfullyU LLC

is a

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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.

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