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(City	/State/Zip/Phone	e #)
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(Doc	ument Number)	
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Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

Superior Ventures and Operations LLC

SUBJECT:

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:

Daniel J Yonkowski

Name of Person

Superior Ventures and Operations LLC

Firm/Company

1400 Village Blvd #716

Address

West Palm Beach, FL 33409

City/State and Zip Code

danielyonkowski@icloud.com

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

For further information concerning this matter, please call:

Daniel Yonkowski	863 at (832-1003
Name of Contact Person		Daytime Telephone Number
Mailing Address:	Street Address:	
Registration Section	Registration Se	ction
Division of Corporations	Division of Co	rporations
P.O. Box 6327	The Centre of	Tallahassee
Tallahassee, FL 32314	2415 N. Monro	e Street, Suite 810
	Tallahassee, FI	32303

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:

uperior Operations and V	entures LLC			. <u> </u>
ame unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	xida The alto	ernate name must include "Limited Liability Con	npany," "LLC," or "LLC.
Wyoming			88-2750130	
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)	<i></i>	(FE1 number, if applic	cable)
not applicable				
	(Date first transacted business in Florida, if prior to to (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) ac penalty ha	bility)	
1400 Village Blvd #71			400 Village Blvd #716	
et Address of Principal Office)		0	(Mailing Address)	
West Palm Beach, FL	33409	V 	Vest Palm Beach, FL 33409	
		_		
Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> ac	ceptable)	2074 Y.NC
Name:	Daniel J Yonkowski			UG 23
Office Address:	1400 Village Blvd. #716			pH
	West Palm Beach		33409 , Florida	. 2: 56
	(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.

Dank 1 TO - OWSKI (Aug 21, 2024 15 47 EDT)

(Registered agent's signature)

manage [up to six (6) total]:					
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:		
Manager	Daniel Yonkowski	Manager	Name:		
Member	Address:	□Member	Address:		
Authorized	West Palm Beach, FL 33409	□Authorized			

Other_____

Person

□Other____

Other

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]:

· · · · · · ·

Person

Other____

⊡Manager	Name:	□Manager	Name:
□Member	Address:	Member	Address:
□Authorized		Authorized	- <u></u> -
Person		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.

Dame: Yo nowski (Aug 21, 2024 15.47 ED1)

Signature of an authorized person

Daniel J Yonkowski

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,

Superior Ventures and Operations LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 8**, **2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001123882**.

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 21st day of August, 2024 at 10:01 AM. This certificate is assigned ID Number 075510315.



huch ,

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.