

M240000014106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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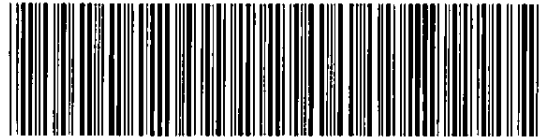
(Business Entity Name)

(Document Number)

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2024 OCT 21 PM 3:46

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Born2Win Empire, 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:

Emily Savage

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

PO Box 1629

\_\_\_\_\_  
Address

Orem, UT 84059

\_\_\_\_\_  
City/State and Zip Code

entity.creation@legallymine.com

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

For further information concerning this matter, please call:

Emily Savage

800

375-2453

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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:

1. Born2Win Empire, 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.")

2. Alaska  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 200 W. 34th Ave., #977  
(Street Address of Principal Office)

6. 5047 Whitewater Way  
(Mailing Address)

Anchorage, AK 99503

Saint Cloud, FL 34771

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jessica Dacosta

Office Address: 5047 Whitewater Way

Saint Cloud 34771  
\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

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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)

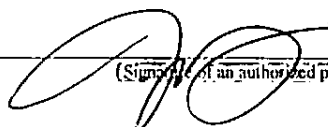
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                  | <u>Name and Address:</u>               | <u>Title or Capacity:</u>                  | <u>Name and Address:</u>               |
|--|--|--|--|
| <input type="checkbox"/> Manager           | Name: <u>Jessica Dacosta</u>           | <input type="checkbox"/> Manager           | Name: <u>Kimado Dacosta</u>            |
| <input checked="" type="checkbox"/> Member | Address: <u>5047 Whitewater Way</u>    | <input checked="" type="checkbox"/> Member | Address: <u>5047 Whitewater Way</u>    |
| <input type="checkbox"/> Authorized        | <u>Saint Cloud, FL 34771</u>           | <input type="checkbox"/> Authorized        | <u>Saint Cloud, FL 34771</u>           |
| Person                                     | <u></u>                                | Person                                     | <u></u>                                |
| <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> |
| <br><input type="checkbox"/> Manager       | Name: <u></u>                          | <br><input type="checkbox"/> Manager       | Name: <u></u>                          |
| <input type="checkbox"/> Member            | Address: <u></u>                       | <input type="checkbox"/> Member            | Address: <u></u>                       |
| <input type="checkbox"/> Authorized        | <u></u>                                | <input type="checkbox"/> Authorized        | <u></u>                                |
| Person                                     | <u></u>                                | Person                                     | <u></u>                                |
| <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> |
| <br><input type="checkbox"/> Manager       | Name: <u></u>                          | <br><input type="checkbox"/> Manager       | Name: <u></u>                          |
| <input type="checkbox"/> Member            | Address: <u></u>                       | <input type="checkbox"/> Member            | Address: <u></u>                       |
| <input type="checkbox"/> Authorized        | <u></u>                                | <input type="checkbox"/> Authorized        | <u></u>                                |
| Person                                     | <u></u>                                | Person                                     | <u></u>                                |
| <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> |

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.

  
(Signature of an authorized person)  
\_\_\_\_\_  
Jessica Dacosta  
\_\_\_\_\_  
Typed or printed name of signee

Alaska Entity #10288245

State of Alaska  
Department of Commerce, Community, and Economic Development  
Corporations, Business, and Professional Licensing

## Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

**Born2Win Empire, LLC**

This entity was formed on October 15, 2024 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **October 15, 2024**.

A handwritten signature in black ink, appearing to read "Julie Sande", followed by a long horizontal line.

Julie Sande  
Commissioner