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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|-----------------------------------|--|--|--|--|--|
| SUBJE | American Consumer Claims LLC | | | | |
| Name of Limited Liability Company | | | | | |
| The end Existent | closed "Application by Foreign Limited Liabilities, and check are submitted to register the above | y Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida. | | | |
| Please r | eturn all correspondence concerning this matter | r to the following: | | | |
| | Braj Aggarwal | | | | |
| | · · · · · · · · · · · · · · · · · · · | Name of Person | | | |
| | Braj Aggarwal CPA, P.C. | | | | |
| | | Firm/Company | | | |
| 146 W 29th Street STE 10W | | | | | |
| Address | | | | | |
| New York, NY 1000: | | | | | |
| | · · · · · · · · · · · · · · · · · · · | City/State and Zip Code | | | |
| | baggarwal@aggarwalcpa.com | | | | |
| | E-mail address: (to | be used for future annual report notification) | | | |
| For furtl | her information concerning this matter, please o | call; | | | |
| | Braj Aggarwal | at (at () Tile-426-4661 Area Code Daytime Telephone Number | | | |
| | Name of Contact Person | Area Code Daytime Telephone Number | | | |
| | Mailing Address: Registration Section | Street Address: Registration Section | | | |
| | Division of Corporations | Division of Corporations | | | |
| | P.O. Box 6327 Tallahassee, FL 32314 | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303 | | | |
| | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing F Certificate | ce & 🗆 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate | | | |

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| American Consumer C | laims LLC | | | | |
|-------------------------------------|---|----------------------------|--|------|--|
| (Name of Foreign | Limited Liability Company; must include "Limited | Lisbility | Company," "L.L.C.," or "LLC.") | - | |
| f name unavailable, enter alternate | name adopted for the purpose of transacting business in Fl | orida The | affernate name must include "Limited Liability Company," "LLC," or " | LLC. | |
| State of Washington | which foreign limited liability company is organized) | 3. | 37-2031043 | | |
| (Jurisdiction under the law of w | rich foreign limited liability company is organized) | | (I't! our bcr. if applicable) | - | |
| May 01, 2024 | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 603.0905, F.S. to determi | registration ne penalty | liability) | | |
| Regus Galleria | | Regus Galleria | | | |
| arcet Address of Principal Office) | | 6. (Mailing Address) | | | |
| 2598 E Sunrise Blvd #2104 | | | 2598 E Sunrisc Blvd #2104 | | |
| Fort Lauderdale, FL 33304 | | Fort Lauderdale, IFL 33304 | | | |
| Name and street address | ss of Florida registered agent: (P.O. Box | <u>NOT</u> a | cceptable) | | |
| Name: | Tracey Marie Victory | | | | |
| Office Address: | Regus Galleria, 2598 E Sunrise Blvd #2 | 2104 | | | |
| | Fort Lauderdale | | 33304 , Florida | | |
| | (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.



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 Capacit | <u>y:</u> | Name and Address: |
|--------------------|----------------------------|------------------|------------|-------------------|
| □Manager | Name: Tracey Marie Victory | ☐ Manager | Name: | ···· |
| ■Member | Address: | □Member | | |
| □Authorized | Gibraltar, GXIIIAA | □Authorized | | |
| Person | | Person | | |
| □Other | □Other | □Other | | □Other |
| □Manager | Name: | □ Manager | Name: | |
| □Member | Address: | □Member | Address: _ | |
| □Authorized | | □Authorized | | |
| Person | | Person | | |
| □Other | □Other | □Other | | □Other |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | | <u> </u> |
| □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.

Tracey Marie Victory

Typed or printed name of signee

The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

AMERICAN CONSUMER CLAIMS LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 02/10/2022.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 09/04/2024 UBI Number: 604 865 973

R Hobbie



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 09/04/2024

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;

| t manue diseasinance cuest executate | name adopted for the purpose of transacting business in Flo | wide The | alternate name must include "Limited Liability Company," "LLC | ." or "LLC. |
|--------------------------------------|---|---|---|-------------|
| State of Washington | which foreign limited liability company is organized) | | 37-2031043 | |
| May 01, 2024 | -пен голеву пилеса мання у соправу в отдавижа) | | (1-131 тытост, 11 арды çati (c.) | |
| | (Date first transacted basiness in Florica, at prior in 1 (See sections 605,0904 & 605,0905, F.S. to determine | egolimilor to occasity | L) lishdire) | |
| Regus Gaileria | | | Regus Galleria | |
| 2598 E Sunrise Blvd #2104 | | 6. (Mailing Address) 2598 E Sunrisc Blvd #2104 | | |
| Fort Lauderdale, FL 33304 | | Fort Lauderdale, FL 33304 | | |
| Name and street addre | ss of Florida registered agent; (P.O. Box | NOT 2 | ecceptable) | |
| Name: | Traccy Marie Victory | | | |
| Office Address: | Regus Galleria, 2598 E Sunrise Blvd #2 | 104 | | ; ! |
| | Fort Lauderdale | | 33304 | |
| | | | , Florida | |

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(Registered igent's slap brance)

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| Title or Capacity: | Name and Address: | Title or Capacit | <u>Y:</u> | Name and Address: |
|--------------------|----------------------------|------------------|-----------|-------------------|
| □Manager | Name: Tracey Marie Victory | □Manager | Name: | |
| ≣Member | Address: | □Member | | |
| □Authorized | Gibraltar, GXIIIAA | □Authorized | | |
| Person | | Person | | |
| Other | □Other | □Other | | □Other |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □Authorized | | ☐ Authorized | | |
| Person | | Person | | |
| Other | | Other | | Other |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □Authorized | | □Authorized | | |
| Person | | Person | · | |
| Other | Other | Other | | □Other |

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Signature of an authority Tracey Marie Victory

Typed or printed name of signee

The State of Washington

Secretary of State

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Date Issued: 09/04/2024