

M24000014524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

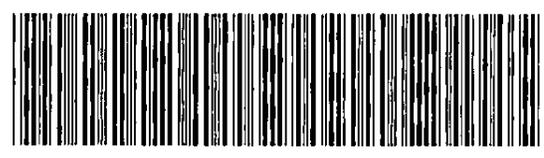
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24000135750

Office Use Only



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RECEIVED

SEP 23 2024

Office Use Only

2024 OCT 15 PM 8:06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2024

TIM BROOM
14818 NW 45TH PL
NEWBERRY, FL 32669 US

SUBJECT: SFLA ACQUISITIONS LLC
Ref. Number: W24000135750

We have received your document for SFLA ACQUISITIONS LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Mr. Broom, you will need to re-do your application on a LLC application rather than a corporate application and send more money to equal \$160 max. We have \$87.50, just send us the difference.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 024A00021886

*Revised application -
see attached
Thanks!*

RECEIVED

OCT 15 2024

*CF 35
CF 37.5*

www.sunbiz.org

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SFLA Acquisitions 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:

Tim Broom
Name of Person
SFLA Acquisitions LLC
Firm/Company
14818 NW 45th Pl
Address
Newberry, FL 32669
City/State and Zip Code
denise@amilife.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Broom at (352) 258-2378
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. SFLA Acquisitions 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. _____ (FEI number, if applicable)

4. 11-14-2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2140 South Dupont Hwy
(Street Address of Principal Office) Camden, DE
19934

6. 14818 NW 45th Pl
(Mailing Address) Newberry, FL
32669

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

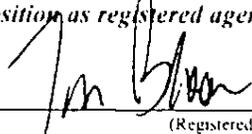
Name: Tim Broom

Office Address: 14818 NW 45th Pl
Newberry, Florida 32669
(City) (Zip code)

2024 OCT 15 PM 9:06

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:**

Manager Name: Tim Broom

Member Address: 14818 NW 45th Pl

Authorized Newberry, FL, 32669

Person _____

Other ^{MBR} _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Denise Broom

Member Address: 14818 NW 45th Pl

Authorized Newberry, FL, 32669

Person _____

Other ^{MBR} _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

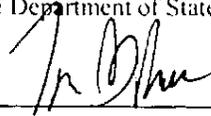
Person _____

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.



 Signature of an authorized person

Tim Broom - MBR

 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SFLA ACQUISITIONS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SFLA ACQUISITIONS LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

7134061 8300

SR# 20243262312

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204039471

Date: 07-29-24