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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future __annual report mailings. Enter only one email address please.

Email	Address:			

Foreign Limited Liability Company American Guerilla Marketing LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

M. SOLOMON DEC - 3 2024

To: 18506176383

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 ITABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: American Guerilla Marketing 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. New York 3. 87·2846319 Durisdiction under the law of which foreign limited liability company is organized) (FEF number, if applicable)

(Date first transacted basiness in Florida, it usee sections 605 0904/x/605 0905, F/S/in	prior to registration 1 o determine penalty hability)			
7901 4th St N STE 300	7901 4th St N STE 300			
(Street Address of Principal Office)	(Mailing Address)	475	2024	
St. Petersburg FL 33702	St. Petersburg FL 33702		먎	
			-2	Estation Catalogue
				-:7
7. Name and street address of Florida registered agent: (P.C.). Box <u>NOT</u> acceptable)	in order	- :	·
		الما الما	$\overline{\omega}$	

Name:	Registered Agents Inc		
Office Address.	7901 4th St N STE 300		
	St. Petersburg	. Florida 33702	
	(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.

Ding Refere			
	(Registered ogens'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:	Name and Address:
□Manager	Name: Phillips, Christopher	□Manager	Name:
€ }lember	Address: 7901 4th St N STE 300	□Member	Address:
□Authorized	St. Petersburg FL 33702	□Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Nume:	□Manager	Name:
□Member	Address:	□Member	Address:
Ti Authorized		[]Authorized	24 DE(
Person		Person	- C - 2
□Other	Other	□Other	Odether Reserved
			PS E O
∐Manager	Name:	⊔Manager	Name: rr. w
□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.

Retire	-1 	A.C. Signature of an authorized person
Robin Jones		

Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: AMERICAN GUERILLA MARKETING LLC

DOS ID Number: 6290502

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING
Date of Initial Filing with DOS: 09/28/2021

Statement Status: CURRENT Statement Due Date: 09/30/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on November 27, 2024 at 10:00 A.M.

WALTER T. MOSLEY Secretary of State

Brandon C. Heyles

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100007010919 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at https://ecorp.dos.ny.gov