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(Req	uestor's Name)	
(Addi	ess)	
(Addı	ress)	<u> </u>
(City/	State/Zip/Phon	e #)
☐ PICK-UP	MAIT	MAIL
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(Docu	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	



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DEC 16 2024

COVER LETTER

TO:

Registration Section

Div	ision of Corporations				
SUBJECT:	AAED Asset Management, LLC				
DODUECT.		of Limited Liability Company			
The enclosed Existence, as	d "Application by Foreign Limited Liability C and check are submitted to register the above re	Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida.			
Please return	all correspondence concerning this matter to	the following:			
	Ben Puffer				
	Name of Person				
	Legally Mine, LLC				
	Firm/Company				
	1337 East 750 North				
Address					
	Orem, UT 84097				
	Ci	ty/State and Zip Code			
	benjamin@legallymine.com				
	E-mail address: (to be	used for future annual report notification)			
For further in	nformation concerning this matter, please call	Ŀ			
Be	n Puffer	800 375-2453 at ()			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
	illing Address: gistration Section	Street Address: Registration Section			
	vision of Corporations	Division of Corporations The Centre of Tallahassee			
	D. Box 6327 Ilahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEPA \$125.00 Filing Fee	ARTMENT OF STATE & S155.00 Filing Fee & S160.00 Filing Fee, Certificate			



October 17, 2024

BEN PUFFER 1337 E 750 NORTH OREM, UT 84097

SUBJECT: AAED ASSET MANAGEMENT, LLC

Ref. Number: W24000141695

We have received your document for AAED ASSET MANAGEMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 724A00022874

RECEIVED
DEC 1 3 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:

	Limited Liability Company; must include "Limite				
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida. The	alternate name must include "Limited Liability C	ompany," "L.L.C," or "L	LC.")
Alaska 2.		3.	99-5122800		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٥.	3. (FEI number, if applicable)		
4.					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration	a.) hability)		
200 W. 34th Ave., #97		,	6000 N. Ocean Blvd.		
5. (Street Address of Principal Office)		6.	(Mailing Address)		٠.
Anchorage, AK 99503			Ocean Ridge, FL 33435	15.7 15.3 15.3	نر ^ا :
	 			036	
•				N	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT:	acceptable)	, ==.:	
Name:	Sami Dagher			4: 56	
Office Address:	6000 N. Ocean Blvd.	. <u> </u>			3
	Ocean Ridge		33435 , 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.

Sam Daghil My (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:	Title or Capacity:	Name and Address:
□Manager	Name: Sami Dagher	□Manager	Norma Dagher
■Member	Address:	■Member	Address:
□Authorized	Ocean Ridge, FL 33435	□Authorized	Ocean Ridge, FL 33435
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	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.

Sim	DINKLIND	
	Signatury of an authorized for son	
	Signature of all authority of parton	
	V	
Sami Dagher		
	Total an arms of simon	
	Typed or printed name of signee	

AAED Asset Management, LLC - Certificate (

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