

Florida Department of State
Division of Corporations
410 Madison Street

H24000415911

**Note: Please print this page and use it as a cover sheet. Type the fax audit number
(shown below) on the top and bottom of all pages of the document.**

((H24000415911 3)))



H240004159113ABC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 DEC 18 AM 10:03

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NEVADA CORPORATE HEADQUARTERS, INC
Account Number : I20240000024
Phone : (800)508-1726
Fax Number : (702)514-6187

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

Email Address: _____

RECEIVED
2024 DEC 18 PM 2:44

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company
RICH SOUL MOVEMENT, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

COVER LETTER

TO: Registration Section
Division of Corporations

RICH SOUL MOVEMENT, LLC
SUBJECT: _____

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:

M. Contreras

Name of Person

NCH Registered Agent

Firm/Company

1450 Vassar St

Address

Reno NV 89502

City/State and Zip Code

renewals@nchinc.com

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

For further information concerning this matter, please call:

NCH Registered Agent	800	508-1726
Name of Contact Person	at ()
	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 & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate
of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 685.062, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANACT BUSINESS IN THE STATE OF FLORIDA.

RICH SOUL MOVEMENT, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

11 Name this article, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company" (LLC) or (LLC).

Nevada

2. Classification under the law of which foreign limited liability company is organized _____ 3. Registration number (if applicable) _____

4. _____
7 Date first transacted business in Florida, if prior to registration.)
(See sections 643.1601(L), 653.1903, L.S. to determine results.)

5807 Laurel Canyon Blvd Apt 308 5807 Laurel Canyon Blvd Apt 308

5. _____ 6. _____
(Street Address or Principal Place) (Mailing Address)

Valley Village, CA 91607

Valley Village, CA 91607

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

NCH Registered Agent

390 North Orange Ave., Ste. 2300-N

Orlando, Florida 32801-1684
(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.

registered agent.

Registered with the Registrar

SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 REC 18 AM 10:03

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 checked="" type="checkbox"/> Manager	Name: Richard E. Agren	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 5807 Laurel Canyon Blvd #308	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Valley Village, CA 91607	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.

Richard E. Agren

Signature of an authorized person

Richard E. Agren

Typed or printed name of signer

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **RICH SOUL MOVEMENT, LLC** as a **DOMESTIC LIMITED-LIABILITY COMPANY** (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 07/08/2021, and in good standing in this State.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 12/18/2024.

A handwritten signature in black ink, appearing to read "FVAguilar".

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202412185276505

You may verify this certificate
online at <https://www.nvsilverflume.gov/home>