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COVER LETTER

TO: Registration Section

Division of Corporations					
SUBJECT: Bene Rosa's LLC Name of Limited Liability Company					
Name of Limited Liability Company					
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate o 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:					
Frank Buffone Name of Person					
Name of Person					
Benelosa's LLC					
Firm/Company					
Benelosa's LLC Firm/Company 8610 Palmer Park Circle Address					
Address					
Sarasofa FL 34238 City/State and Zip Code					
City/State and Zip Code					
BenerosasLLC@Gmail.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Brianna Wilske at 541 645-5143 Name of Contact Person Area Code Daytime Telephone Number					
Name of Contact Person Area Code Daytime Telephone Number					
Mailing Address: Street Address: Registration Section Registration Section					
Registration Section Registration Section Division of Corporations Division of Corporations					
P.O. Box 6327 The Centre of Tallahassee					
Tallahassee, FL 32314 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 \$\Begin{array}\text{ \$125.00 Filing Fee} & \Begin{array}\text{ \$\$130.00 Filing Fee & \Begin{array}\text{ \$\$155.00 Filing Fee & \Begin{array}\text{ \$\$\$}\$\$ \$\$\$160.00 Filing Fee, Certificate Copy Certificate of Status & Certified Copy					

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

IN COMPLIANCE WITH SECTION 6/6/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate name adopted for the purpose of transacting business in Floring	orida. The alternate name mu-	a include "Limited Liability Company," "L.	L.C," or "LLC."
(Jurisdiction under the law of which foreign limited liability company is organized)	3	(FEI number, if applicable)	
(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration) ine penalty liability)		
8610 Palmer Palk Circle	6. (Mailing A	SAMC ddress)	
Sarasota FL 34238			
	 	<u></u>	
Name and <u>street address</u> of Florida registered agent: (P.O. Box) ; }
Name: Frank Buffone Office Address: 8610 Palmer Sarasota	2	• ,	
Office Address: 8610 Palmer	Vark CI	rcle	
Sarasota	, Flor	ida 34238	÷ 32

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:	Title or Capacity:	Name and Address:				
Manager	Name: Brianna Wilske	□Manager	Name:				
□Member	Address: 2023 Eastlake Ave	□Member	Address:				
□Authorized	(ApT2) Seattle Wa,	□Authorized					
Person	98102	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. Signature of an authorized person							
EPIANNA C. WILSKE							
DELLING C. MILORE							

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

BENE ROSAS LLC

1 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 10/09/2023.

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: 09/30/2024 UBI Number: 605/348/700



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

Atu R Hohlie

Sieve R. Hobbs, Secretary of State

Date Issued: 09 30 2024