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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

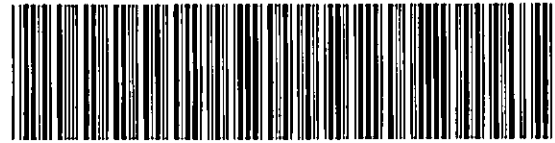
(Business Entity Name)

(Document Number)

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2024 DEC 30 PM 2:52
STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Que Tal Mobile, 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:

Iris Mennens

Name of Person

Inteserra, Inc.

Firm/Company

151 Southhall Lane, Suite 450

Address

Maitland, FL 32751

City/State and Zip Code

iris.mennens@inteserra.com

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

For further information concerning this matter, please call:

Iris Mennens

321

296-5018

at ()

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

Inteserra

A JSI Company

151 Southhall Lane, Ste. 450
Maitland, FL 32751
www.inteserra.com

December 23, 2024
Via Overnight Delivery

Division Of Corporations
Florida Department of State
2415 N Monroe St.
Suite 810
Tallahassee, FL 32303

RE: Que Tal Mobile, LLC
Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

Dear Sir or Madam:

Enclosed for filing please find Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida submitted on behalf of Que Tal Mobile, LLC. Included with this Application is the Company's Certificate of Good Standing issued by the state of Colorado and a check in the amount of \$130 representing the filing fee.

Any questions you may have regarding this filing should be directed to my attention at 321-296-5018 or via email to iris.mennens@inteserra.com. Thank you for your assistance in this matter.

Sincerely,

Iris Mennens

Iris Mennens
Associate Consultant

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. Que Tal Mobile, 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. Colorado
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

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

5. 16689 E 106th Drive, Commerce City, CO 80022
(Street Address of Principal Office)

6. 90 Nh 4th Ave, PO Box 411, Brighton CO 80601
(Mailing Address)

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

Name: InCorp Services, Inc.

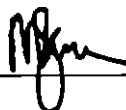
Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
(City) (Zip code)

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2024 DEC 30 PM 2:52
STATE OF FLORIDA
TALLAHASSEE, FL

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.


Melanie Galero on behalf of InCorp Services, Inc.
(Registered agent's signature)

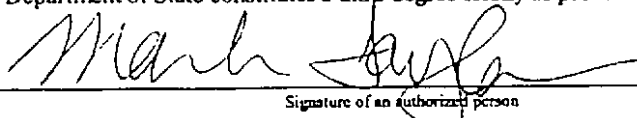
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Eric Jones	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 16689 E. 106th Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Commerce City, CO 80022	<input type="checkbox"/> Authorized	_____
Person	Eric Jones	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Jason Stone	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 16689 E. 106th Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Commerce City, CO 80022	<input type="checkbox"/> Authorized	_____
Person	Jason Stone	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Mark Taylor	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2436 Delmar Dr. E	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Seattle, WA 98102	<input type="checkbox"/> Authorized	_____
Person	Mark Taylor	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.



Signature of an authorized person

Mark Taylor

Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Que Tal Mobile, LLC

is a

Limited Liability Company

formed or registered on 06/28/2023 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20231689355 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/22/2024 that have been posted, and by documents delivered to this office electronically through 12/23/2024 @ 10:05:07 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/23/2024 @ 10:05:07 in accordance with applicable law. This certificate is assigned Confirmation Number 16830378 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions"