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T. LEMIEUX

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ora Publishing Group 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:
Anthony Oro Name of Person
Oro Publishing Group LLC Firm/Company
1309 Coffeen Avenue STE 1200 Address
Sheridan, Wyoming 82801 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\frac{1}{2}\$\$ \$125.00 Filing Fee \$\frac{1}{2}\$\$ \$130.00 Filing Fee & \$\frac{1}{2}\$\$ \$155.00 Filing Fee & \$\frac{1}{2}\$\$ \$160.00 Filing Fee, Certificate Copy Certificate of Status \$\frac{1}{2}\$\$ Certified Copy of Status & Certified Copy

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. Oro Publishing Group 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. Wyoming (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. 1309 Coffeen Avenue STE 1200 6. 1029 S Union Avenue Unit	_19
Sheridan, Wyoming 82801 Los Angeles, California 90	<u>1</u> 015
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	_
Name: Anthony Oro	
Office Address: 38 Pine Trail	
West Palm Beach, Florida 33415 (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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furt to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiand accept the obligations of my position as registered agent.	her agree
(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: Name: Anthony Oro ⊠Manager Name: □Manager Member Address: 38 Pine Trail Address: □Member West Palm Beach, FL 33415 □ Authorized Person Person □Other____ Other Other_____ □Other ___ Name: □ Manager Name: _ _ ____ ☐Manager Address: _____ Address: □Member □Member ☐ Authorized □ Authorized Person Person □Other_____Other____ □Other_____ □Other____ Name: Name: □Manager □Manager Address: □Member Address: ☐ Member ☐ 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. Nonindexed 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

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Oro Publishing Group LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 20, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001575875**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of December, 2024 at 11:13 AM. This certificate is assigned ID Number 079249031.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.