M25000004206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

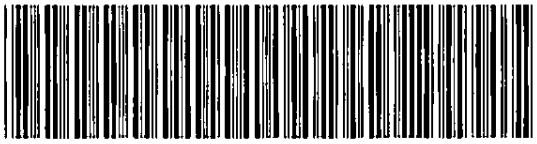
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W25-39700

Office Use Only

MS



000446562210

RECEIVED
2025 MAR 21 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2025 MAR 24 PM 12:33
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2025

FLORIDA CAPITAL COURIER

SUBJECT: 4-A ENTERPRISE, L.L.C
Ref. Number: W25000039700

We have received your document for 4-A ENTERPRISE, L.L.C and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable : "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L25000086436.

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 .

Emani D Manning
Regulatory Specialist II

Letter Number: 025A00006296

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: $125.00
Authorization Signature
4-A Enterprise, L.L.C.
Business Name #Document

Walk in ____ Will wait

___ **Certified Copy**
___**Certificate of Status**

NEW FILINGS

____ Profit
____ Not for Profit
_X__ LLC
_____Domestication
_ __ INC
__ CORP
___ PLLC

AMENDMENTS

_ __Amendment
_____Resignation of R.A.
____ Change of Registered Agent
____ Revocation of Dissolution
___ _ Conversion
___ __Statement of Authority
____ Merger
____ DISSOLUTION

OTHER FILINGS

____TRANSMITTAL LETTER

____Fictitious Name -

_____ Statement of Authority

____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

__ Foreign Filing
____ Partnership
____Reinstatement
____ Statement of CORRECTION

____Domestication

_____ ____Other

EXAMINER'S INITIALS:_____

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 4-A ENTERPRISE, L.L.C.
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:

ALVIN JONES
Name of Person

4-A ENTERPRIS, L.L.C.
Firm/Company

511 ARBOR ROAD
Address

YEADON PA 19050
City/State and Zip Code

ALVIN2538@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: 561-667-2311

ALVIN JONES at (561-667-2311)
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

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. 4A ENTERPRISE, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

4-A Florida Enterprise, L.L.C.
(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. PA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-0317257
(FEI number, if applicable)

4. 03/21/2025
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6131 RAINBOW CIRCLE
(Street Address of Principal Office)

GREENACRES, FL 33463

6. 511 ARBOR ROAD
(Mailing Address)

YEADON PA 19050

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

Name: EMMA ABZUETA HERNANDEZ

Office Address: 6131 RAINBOW RD.

GREEN ACRES, FL 33463 (City), Florida (Zip code)

FILED
25 MAR 24 PM 12:33
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

Signed by:
Emma Abzueta Hernandez
(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: ALVIN G. JONES	☐ Manager	Name:
☐ Member	Address: 511 ARBOR ROAD	☐ Member	Address:
☐ Authorized Person	YEADON PA 19050	☐ Authorized Person	
☐ Other	☐ Other	☐ Other	☐ Other
☒ Manager	Name: ALOMA R. JONES	☐ Manager	Name:
☐ Member	Address: 511 ARBOR ROAD	☐ Member	Address:
☐ Authorized Person	YEADON PA 19050	☐ Authorized Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized Person		☐ Authorized 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.

Signed by:
Alvin Jones
Signature of an authorized person

ALVIN JONES
Typed or printed name of signer

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T:717-787-1057
dos.pa.gov/BusinessCharities

Regarding:	4-A Enterprise, L.L.C.		
Request Type:	Subsistence Certificate	**Issuance Date:**	March 24, 2025
Request No.:	053332219	**File No.:**	0003733673
Receipt No.:	001542519		
Filing Type:	Domestic Limited Liability Company		
Filing Subtype:	Limited Liability Company		
Initial Filing Date:	June 01, 2007		
Status:	Active		

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

4-A Enterprise, L.L.C.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF STATE •

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov