Division of Corporations



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.

(((H25000269162 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:____

Foreign Limited Liability Company True's Exotic Whipz LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

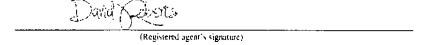
Help

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

IN COMPLIANCE WITH SECTION (615.0902, FLORIDA STATUTES, THE FOILLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: True's Exotic Whipz LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") 4H name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name most include "Limited Liability Company," "U. L. C." or "U. C.") (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 7901 4th St N 7901 4th St N (Street Address of Principal Office) (Mailing Address) **STE 300 STE 300** St. Petersburg FL 33702 St. Petersburg FL 33702 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg

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.



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:	□Manager	Name:	
⊠Member	Address: 7901 4th St N STE 300	□Member	Address:	
□Authorized	St. Petersburg FL 33702	□Authorized		
Person		Person		
Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	<u>.</u>
□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

<u>Important Notice:</u> 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.

Rodnan	paray	
- 	Signature of an authorized person	
ROBIN JONES		
	Lyped or printed name of signee	

Control Number: 22018416

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

True's Exotic Whipz LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 29820794 Date Inc/Auth/Filed: 01/24/2022 Jurisdiction : Georgia Print Date : 08/01/2025

Form Number : 211



Brad Rafforsperger

Brad Raffensperger Secretary of State