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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

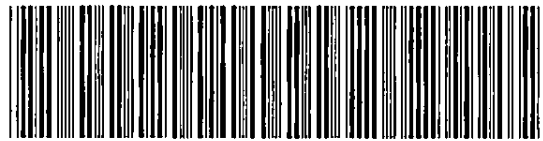
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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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. Oz Delivery 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. Kansas 3. 39-2969157  
(Jurisdiction under the law of which foreign limited liability company is organized) (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.)

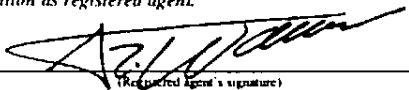
5. 304 Williamsburg St. 7695 SW 104th Street  
(Street Address of Principal Office) (Mailing Address)  
Andover, KS 67002 Suite 100  
Pincrest, FL 33156

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

Name: Ricardo Warman  
Office Address: 7695 SW 104th Street, Suite 100  
Pincrest 33156  
Florida  
(City) (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 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)

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STATE OF FLORIDA

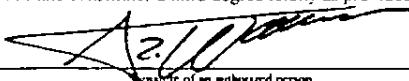
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                   |          | <u>Name and Address:</u>       |  | <u>Title or Capacity:</u>                  |          | <u>Name and Address:</u>       |  |
|---------------------------------------------|----------|--------------------------------|--|--------------------------------------------|----------|--------------------------------|--|
| <input checked="" type="checkbox"/> Manager | Name:    | Brian Keller                   |  | <input type="checkbox"/> Manager           | Name:    | Ricardo Warman                 |  |
| <input type="checkbox"/> Member             | Address: | 304 Williamsburg Street        |  | <input checked="" type="checkbox"/> Member | Address: | 7695 SW 104th Street           |  |
| <input type="checkbox"/> Authorized         |          | Andover, KS 67002              |  | <input type="checkbox"/> Authorized        |          | Suite 100                      |  |
|                                             | Person   |                                |  |                                            | Person   | Pinecrest, FL 33156            |  |
| <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other             |          | <input type="checkbox"/> Other |  |
|                                             |          |                                |  |                                            |          |                                |  |
| <input type="checkbox"/> Manager            | Name:    |                                |  | <input type="checkbox"/> Manager           | Name:    |                                |  |
| <input type="checkbox"/> Member             | Address: |                                |  | <input type="checkbox"/> Member            | Address: |                                |  |
| <input type="checkbox"/> Authorized         |          |                                |  | <input type="checkbox"/> Authorized        |          |                                |  |
|                                             | Person   |                                |  |                                            | Person   |                                |  |
| <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other             |          | <input type="checkbox"/> Other |  |
|                                             |          |                                |  |                                            |          |                                |  |
| <input type="checkbox"/> Manager            | Name:    |                                |  | <input type="checkbox"/> Manager           | Name:    |                                |  |
| <input type="checkbox"/> Member             | Address: |                                |  | <input type="checkbox"/> Member            | Address: |                                |  |
| <input type="checkbox"/> Authorized         |          |                                |  | <input type="checkbox"/> Authorized        |          |                                |  |
|                                             | Person   |                                |  |                                            | 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  
 Ricardo Warman  
 \_\_\_\_\_  
Typed or printed name of signee

STATE OF KANSAS  
OFFICE OF SECRETARY OF STATE  
CERTIFICATE OF GOOD STANDING

I, SCOTT SCHWAB, Kansas Secretary of State, certify that the records of this office reveal the following:

Business ID: 10040433

Business Name: Oz Delivery, LLC

Type: Domestic Limited Liability Company

Jurisdiction: Kansas

was filed in this office on July 16, 2025, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof:  
I affix my official certification seal.  
Done at the City of Topeka,  
on this day July 30, 2025.

SCOTT SCHWAB  
KANSAS SECRETARY OF STATE