

10/30/23, 1:01 PM

Division of Corporation

M23000014150

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)389-0502

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

Email Address: _____

**Foreign Limited Liability Company
LBCFL Investments LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
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FLORIDA
CORPORATIONS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LBC INVESTMENTS 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.

Cheyenne Moseley

Name of Person

legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th Fl

Address

Glendale, CA 91203

City/State and Zip Code

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

For further information concerning this matter, please call:

Cheyenne Moseley 800 773-0888
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

- Checkboxes for filing fees: \$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. LBC INVESTMENTS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

LBCFL Investments LLC
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC."

2. New Jersey
(District/State under the law of which foreign limited liability company is organized) 3. (Filing Number, if applicable)

4. 10/1/2023
(Date first transacted business in Florida, if prior to registration. See sections 605.0903 & 605.0905, F.S., to determine penalty liability.)

5. 185 Prospect Ave Apt 11K PO Box 303
(Hackensack, NJ 07601) (Hackensack, NJ 07602)

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

Name: United States Corporation Agents, Inc.
Office Address: 478 Riverside Ave.
Jacksonville, Florida 32202

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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.

[Signature]
Cheyenne Moseley, Assistant Secretary on behalf of United States Corporation Agents, 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: <u>LaToya Cunningham</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>135 Prospect Ave Apt 11K</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Hackensack NJ 07601</u>	<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 _____

<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.

LaToya Cunningham
Signature of an authorized person

LaToya Cunningham
Typed or printed name of signer

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorized Person

of LBC INVESTMENTS LLC
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of New Jersey
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the following name to transact business in the state of Florida:

LBCFL Investments LLC
(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability Company, L.L.C., or LLC.)

La Toya Cunningham 10/24/23
Signature Authorized Person Date

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

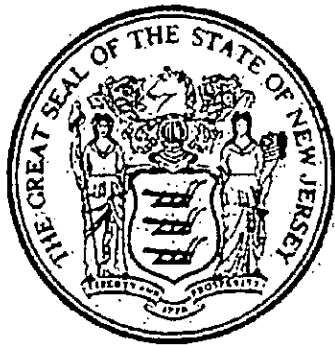
**LBC INVESTMENTS LLC
0451023534**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on September 16, 2023.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

UNITED STATES CORPORATION AGENTS, INC.
330 CHANGEBRIDGE RD STE 101
PINE BROOK, NJ 07058



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 30th day of October, 2023

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6147886432

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp