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COVER LETTER

_	tration Section ion of Corporations			
SUBJECT:	LIMA CHARLIE INC			
	Name	of corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign C 'Existence," or "Certificate ced foreign corporation to t	e of Good Stand	ling" and check are sub-	
Please return a	all correspondence concern	ning this matter	to the following:	
David Waldbar	ter			
		Name of I	erson	
LIMA CHARL	IE INC			
		Firm/Comp	pany	
672 W. 11th St	reet Suite 380			
-		Addre	ss	
Tracy, CA 953	76			
_		City/State an	d Zip code	
operations@lin	nacharlieinc.com			
-	E-mail addres	s: (to be used fo	or future annual report n	otification)
For further inf	formation concerning this r	natter, please ca	ill:	
David Waldbac	ier	at (²⁰⁹	Daytime Telephone Number	
Namo	of Person	Area Code	Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following am eck payable to: FLORIDA D ng Fee	EPARTMENT ng Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. LIMA CHARL		" "COMBANA" "COBBOD ("COM")		
	rorporation; must include "INCORPORATED forp," "Inc." "Co." or "Corp,")	," "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flor	rida)	
Nevada	3.	85-2134205		
(State or countr	ry under the law of which it is incorporated)	(FEI number, if applicable)		
I		Perpetual		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
i				
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
, 672 W. 11th Stree	et Suite 380 Tracy, CA 95376			
·		ice <u>street</u> address)		
	(Current maili	ng address, if different)		
 Name and <u>street</u> 	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)		
Name:	David Waldbauer		6 5 -	
Office Address:	406 E. Caroline St		Sivis	
mee madress.	Tavares	, Florida 32778-3312	- 033 - 254 - 254	
	(City)	Zip code)	2	
) D 14 d				
	ent's acceptance: red as registered agent and to accept serv	ice of process for the above stated corporation at	the place	
lesignated in this	application, I hereby accept the appoint	ment as registered agent and agree to act in this (Eupacity. \	
	omply with the provisions of all statutes i with and accept the obligations of my po	relative to the proper and complete performance osition as registered agent.	of my duti	
,	,			
	-74			
_	Jak waller			
	(Registered agent's s	ignature)		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

a. DIRECTORS Name: ____ Ron Cedillo David Waldbauer ☐ Chairman □Chairman Address: 672 W, 11th Street Suite 380 672 W. 11th Street Suite 380 Address: ☐ Vice Chairman □ Vice Chairman Tracy, CA 95376 Tracy, CA 95376 □ Director □ Director □President President ■ Vice President □Vice President ______ □ Treasurer ■ Secretary □Treasurer □ Secretary □Other ____ ☐ Other _____ □Other _____ □Other _____ □ Chairman □ Chairman Name: _____ Name: _____ □Vice Chairman Address: ______ □Vice Chairman Address: ______ □ Director □ Director □President □ President □Vice President □Treasurer ☐ Treasurer ☐ Secretary □ Secretary □Other _____ □Other _____ □Other ____ □Other ____ □ Chairman Name: _____ ☐ C'hairman ☐ Vice Chairman Address: _____ □ Vice Chairman Address: ______ Director □ Director □President □President ☐ Vice President □ Vice President ___ ☐ Treasurer □ Secretary ☐Treasurer □ Secretary □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. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. David Waldbauer

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence LIMA CHARLIE, INC as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 07/21/2020, and in good standing in this State.

I further certify that the above DOMESTIC CORPORATION (78) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.

Certificate Number: B202411255212629

You may verify this certificate

online at https://www.nysilverflume.gov/home

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 11/25/2024.

FRANCISCO V. AGUILAR Secretary of State

AFFIDAVIT OF NAME RELEASE

STATE OF FLORIDA

- I, David Waldbauer, being duly sworn, depose and state as follows:
 - I am the owner of the Florida corporation known as **LIMA CHARLIE INC** (the "Corporation").
 - The Corporation was dissolved on 11/22/2024, and I do not intend to revoke or reverse the dissolution of the Corporation.
 - I hereby release the name LIMA CHARLIE INC for use by another entity or individual in accordance with Florida law.
 - I understand that this affidavit serves as a formal declaration to the Florida Division of Corporations to allow the name **LIMA CHARLIE INC** to be made available for registration by another entity.

I affirm that the statements made in this affidavit are true and correct to the best of my knowledge and belief.

Signature:

David Waldbauer

President of Lima Charlie INC

Date: 11/25/2024