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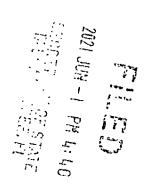
(Re	questor's Name)	
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COVER LETTER

TO:	Registration Section Division of Corporations	•	7	•
SUBJ	SHAE MALACHOWSKI, LLC.			
SUDJ	Nam	e of Limited Liability Company		
The er Existe	nclosed "Application by Foreign Limited Liability nee, and check are submitted to register the above	Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busin	' Certifica ness in Fl	ite ol orida
Please	return all correspondence concerning this matter t	to the following:		
	JUSTIN W. WAYMENT			
		Name of Person		
	WAYMENT AND JONES LAW		202	
		Firm/Company		7
	51 E 400 N BLDG 1	; <u>; -</u> -1	1	**************************************
		Address	-0	į
	CEDAR CITY, UT 84721	(7 (x) 	PH 4: 1:0	-
		City/State and Zip Code	ට	
	jwayment@waymentandjoneslaw.com			
	E-mail address: (to b	ne used for future annual report notification)		
For fi	orther information concerning this matter, please ca	all:		
	JUSTIN W. WAYMENT	435 586-3300 at ()	_	
	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 DE \$\Begin{array}{c} \Pi \ \ \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \			

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limited	Liability C	ompany," "L.L.C.," or "LLC.")			_
	<u> </u>					_
(If name unavailable, enter alternate i	ame adopted for the purpose of transacting business in Flo	rida. The alte	rnate name must include "Limited Liahi	lity Company," "L	.L.C." or	"I.I.C.")
STATE OF UTAH			62190016			
2. (Jurisdiction under the law of w	nich foreign limited liability company is organized)	ے	(FEI number,	if applicable)	202	_
				- 1000 	!!	
4						ी है रक्षण्या
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605,0905, F.S. to determin	egistration.) re penalty lia	bility)	•	<u> </u>	
2261 Town Center Ave	Suite 1130	3.	313 Pine Oaks Lane		70)
5. (Street Address of Principal Office)		6	(Mailing Address)			— Ţ <u>"</u>
Melbourne, FL 32940		M	liddleburg, FL 32068	7. 17 7. 17 7. 17	ի։ կ0	
						_
		_				_
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT ac	ceptable)			
Name:	SHAE MALACHOWSKI					
	3313 Pine Oaks Lane					
Office Address:	3373 Fift Galls, Balle					
	Middleburg		32068 . 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 volgnature)

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]:

litle or Capacity:	Name and Address:	Title or Capacity	Name and Address:
Manager	Name:	■Manager	Name: Brett Malachowski
∃Member	Address: 3313 Pine Oaks Lane	□Member	Address: 3313 Pine Oaks Lane
∃Authorized	Middleburg, FL 32068	□Authorized	Middleburg, FL 32068
Person		Person	
Other	Other	Other	Other_
□Manager	Name:	□Manager	Name:
∃Member	Address:	□Member	Address:
□Authorized		□Authorized	ition _
Person		Person	77.50
Other	□Other	□Other	Other
∃Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□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.

Signature of an authorized person

Shae Malachowski

Typed or printed name of signec



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

05/27/2021 12164539-016005272021-1611219

CERTIFICATE OF EXISTENCE

Registration Number:

12164539-0160

Business Name:

SHAE MALACHOWSKI, L.L.C.

Registered Date:

February 12, 2021 LLC - Domestic

Entity Type:

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



L'Weillette

Leigh Veillette Director Division of Corporations and Commercial Code