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.

(((H22000037730 3)))



H220000377303ABCY

To:						
	Division of Cor Fax Number	; (850)617-638	13			
From:	A	: ALLSTATE COR	PORATE SERV	/ICES CORP		
	Account Name Account Number	: I200400 0 0031	L			27 .
	Phone	; (800)906-92	20		į	VITI SEC SUZZ
	Fax Number	: (800)906-988	שפ			ZUZZ JAN 28 SECRET/ERY ALLAHAECE
	the email addres	faa bhic buc	inace entit	v to be use	d for fu	
**Enter	the email addres nnual report maili	ings. Enter onl	ly one email	address p	lease. *	
•		_			7	n → - 🛬
E	mail Address:				Ş	57A 82 82 82 82 82 82 82 82 82 82 82 82 82
E1	<u> </u>				Ş	8: 83 8: 83
E	<u> </u>	gn Limited Li	ability Co	mpany	Ş	ရှင်း
	<u> </u>	gn Limited Li MONKEY F			Ş	ရှင်း
E1	<u> </u>	MONKEY F			Ş	ရှင်း
	Forelg	MONKEY F		1 0	Ş	SE œ
	Foreig	MONKEY F		1	Ş	ရှင်း

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: MONKEY FEET LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (if name unavailable, onter elternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LUC.") **NEW JERSEY** (PEI number, (Capplicable) (furisdiction under the law of which foreign limited liability company is arganized) 6. (Meding Address) (Meding Address) 6689 HUNTERS RD., NAPLES, FL 34109 5. (Street Address of Principal Orlice) 7. Name and street address of Plorida registered agent: (P.O. Box NOT acceptable) RACHAEL DALFONZO Name: 6689 HUNTERS RD. Office Address: NAPLES . Plorida Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited Hability 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. RACHAEL DALFONZO (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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: RACHAEL DALFONZO Name: □Manager 6689 HUNTERS RD. Address: □Member ■ Member NAPLES, FL 34109 □ Authorized □ Authorized Person Person □ Other_____ □Other____ __ Other___ □Other___ Name: _____ □Manager □Manager Address: _____ ☐ Member Address: ______ ☐ Member □ Authorized ☐ Authorized Person Person □Other_____ Other____ ☐ Other___ □Other_ Name: _____ □Manager Name: ☐Manager Address: □Member Address: ☐ Member □ Authorized □ Authorized Person Person Other_____ Other_____ Other___ Other__ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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), Plorida 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. RACHAEL DALFONGO Signature of an authorized person Elina Onitskansky Typed or printed rame of signes

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

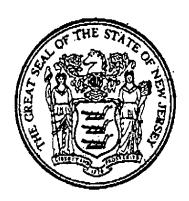
MONKEY FEET LLC 0450026379

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 October 26, 2015.

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:

REGISTERED AGENT SOLUTIONS, INC. 208 WEST STATE STREET TRENTON, NJ 08608



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 28th day of January, 2022

Elizabeth Maher Muolo State Treasurer

day of New

Certificate Number: 6127864368

Verify this certificate online at

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