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SECRETARY OF STATE
SECRETARY SEEE, FLORIDA

COVER LETTER

TO:

то:	Registration Section Division of Corporations						
	SB LIMITED LLC						
MRJI	UBJECT:Name of Limited Liability Company						
The en Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica nce, and check are submitted to register the above referenced foreign limited liability company to transact business in Flo						
lease	return all correspondence concerning this matter to the following:						
	LOVETTE DOBSON						
	Name of Person						
	Firm/Company						
	17350 STATE HWY 249 #220						
	Address						
	HOUSTON, TX 77064						
	City/State and Zip Code						
	EFILE1234@INCFILE.COM						
	E-mail address: (to be used for future annual report notification)						
or fu	ther information concerning this matter, please call:						
	LOVETTE DOBSON 1 888-462-3453 at ()						
	Name of Contact Person Area Code Daytime Telephone Number						
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301						
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE						
	S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy 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:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florida. The	e alternate nan	e must include "Limited Liabili	ty Company," "L.L.C," or	"LLC.")
WYOMING		88-080 3.	1658		
(Jurisdiction under the law of w	hich foreign linuted fiability company is organized)	J	(FEI number,	if applicable)	
		tron !			
	(Date first transacted business in Florida, if prior to registra (See sections 605.0904 & 605.0905, F.S. to determine pena	ity liability)			
5830 E 2ND ST, STE			2ND ST, STE 7000		
(Street Address of I	Principal Office)	6. (Mailing Address)			
CASPER, WY 82609		CASPE	R, WY 82609		
Name:	LEGALINC CORPORATE SERVICES IN	C.		HAR -7	TILIU
Office Address:	5237 SUMMERLIN COMMONS. SUITE	100		PM 7: 46	C
	FORT MYERS (City)		Florida 33907 (Zip code)	D 16	
			, rionua		

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]: Title or Capacity: Name and Address: **Title or Capacity:** Name and Address: Name: ETHAN SHUSTER Manager | Name: _____ Manager Member Member Address: Address: _____ 5830 E 2ND ST, STE 7000 #4936 ☐ Authorized Authorized CASPER, WY 82609 Person Person Other ____ Other___ Other Other Name: ROBERT SHUSTER Manager Name: Manager Address: ____ ■ Member Member Address: ___ __ 5830 E 2ND ST, STE 7000 #4936 Authorized Authorized CASPER, WY 82609 Person Person Other _____ Other____ Other ____ __Other____ Name: _____ Name: Manager Manager Member Address: __ Member Address: _____ 5830 E 2ND ST, STE 7000 #4936 Authorized Authorized CASPER, WY 82609 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), 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 persor **ETHAN SHUSTER**

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

SB LIMITED LLC

Limited Liability Company

formed or qualified under the laws of Wyoming did on February 21, 2022, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2022-001083238.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 24th day of February, 2022 at 10:06 AM. This certificate is assigned ID Number 050140108.

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.