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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

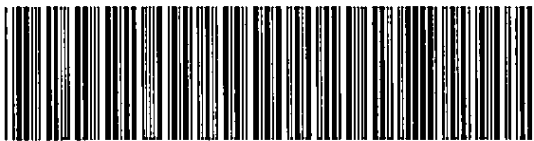
(Business Entity Name)

(Document Number)

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S. FRANKLIN
AUG - 3 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LEVIATHAN GROUP LIMITED, 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:

RENNI EICOFF
Name of Person
JOHN PAUL ARCIA PA
Firm/Company
175 SW 7TH STREET, SUITE 2000
Address
MIAMI, FL 33130
City/State and Zip Code
RENNI@ARCIALAW.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

RENNI EICOFF at (305) 3050177
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 DEPARTMENT OF STATE**

- \$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. LEVIATHAN GROUP LIMITED, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

LEVIATHAN GL, LLC

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

2. WYOMING (Jurisdiction under the law of which foreign limited liability company is organized)
3. 88-2260000 (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 175 SW 7TH STREET, SUITE 2000 (Street Address of Principal Office)
6. 175 SW 7TH STREET, SUITE 2000 (Mailing Address)
MIAMI, FL 33130 MIAMI, FL 33130

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

Name: JOHN PAUL ARCIA, P.A.
Office Address: 175 SW 7TH STREET, SUITE 2000
MIAMI, Florida 33130
(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's signature)

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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: Manager
Name and Address: Name: JOHN PAUL ARCIA
 Address: 175 SW 7TH STREET
SUITE 2000
MIAMI, FL 33130
 Other _____ Other _____

Title or Capacity: Manager
Name and Address: Name: JOSEPH ARCIA
 Address: 175 SW 7TH STREET
SUITE 2000
MIAMI, FL 33130
 Other _____ Other _____

Manager
Name and Address: Name: RENNI EICOFF
 Address: 175 SW 7TH STREET
 Authorized
SUITE 2000
 Person MIAMI, FL 33130
 Other _____ Other _____

Manager
Name and Address: Name: _____
 Address: _____
 Authorized
 Person _____
 Other _____ Other _____

Manager
Name and Address: Name: _____
 Address: _____
 Authorized
 Person _____
 Other _____ Other _____

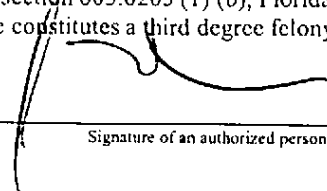
Manager
Name and Address: Name: _____
 Address: _____
 Authorized
 Person _____
 Other _____ Other _____

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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
 JOHN PAUL ARCIA

 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,

Leviathan Group Limited, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 30, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000748081**.

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 19th day of July, 2022 at 11:37 AM. This certificate is assigned ID Number 053916926.



Edward A. Buchanan
Secretary of State

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