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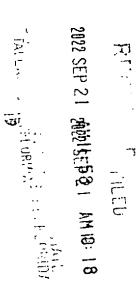
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## CORPORATE ACCESS, \_\_\_\_\_

CORPORATE When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### **WALK IN**

	CERTIFIED COPY	· · · · · · · · · · · · · · · · · · ·
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#### **COVER LETTER**

up in co	1350Glenville LLC					
UBJECT:	Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.				
lease return	n all correspondence concerning this matter	to the following:				
	Rebecca Hanson					
		Name of Person				
	Quik Filings, LLC					
		Firm/Company				
	9789 Springwood Dr					
		Address				
	Kalamazoo, MI 49009					
	(	City/State and Zip Code				
	rhanson@quikfilings.com					
	E-mail address: (to be	e used for future annual report notification)				
or further in	nformation concerning this matter, please ca	11:				
Rel	becca Hanson	269 743-4201 at ( )				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section		Street Address:				
Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				
		Tallahassee, FL 32303				
	losed is a check for the following amount:					
	ase make check payable to: <b>FLORIDA DEF</b> \$125.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate				

#### 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:

Il name unavailable, enter alternate:	name adopted for the purpose of transacting business in Flo	orada. The	alternate name must include "Limite	rd Liability Compa	ny." "L.L.C." or	TLLC.	
Nevada 2.		3.	n/a				
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI n	(FEI number, if applicable)			
n/a I.							
	(Date first transacted business in Florida, if prior to a See sections 605,0904 & 605,0905, F.S. to determine	registratio ne penalty	n.) / fiability)		202		
3545 Howard Way			3545 Howard Way		2022 SE		
street Address of Principal Office)		0.	(Mailing Address)	:	2		
Costa Mesa, CA 9262	6		Costa Mesa, CA 92626	نور		CFD	
					5	_	
						_	
Name and stand address	o of Blockdo analatared again. (B.O. Daw	NOT		ij	် တ		
. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT	acceptable)				
Name:	InCorp Services, Inc.						
Office Address:	17888 67th Court North						
	Loxahatchee		33470 , Florida				

#### 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.

Rebecca Hanson	Attorney-in-fact for InCorp Services, Inc.			
(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Daniel Holtz	□Manager	Name:
■Member	Address:	■Member	Address: 3545 Howard Way
□Authorized	Costa Mesa, CA 92626	□Authorized	Costa Mesa, CA 92626
Person		Person	
□Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□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.

Daniel Holtz

Signature of an authorized person

Daniel Holtz

SECRETARY OF STATE



### CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, 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, 1350Glenville LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 05/03/2022, and is in good standing in this state.

Certificate Number: B202209193011774

You may verify this certificate online at <a href="http://www.nvsos.gov">http://www.nvsos.gov</a>

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/19/2022.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State