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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

20

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company St Petersburg 770 4th LLC

Certificate of Status	0
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Page Count	04
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K. SALY

NOV - 8 2022

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

EN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: St Petersburg 770 4th LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L L.C.," or "LLC.") olf name unavailable, once alternate name adopted for the purpose of transacting business in Florida. The afternate name must include "Limited Liability Company," "L.L.C." or "LLC." 2. Wyoning (Jurisdiction under the law of which foreign limited liability company is organized) eFEI number, if applicable) 7901 4th St N STE 300 6. 7901 4th St N STE 300 5. (Street Address of Principal Office) St. Petersburg FL 33702 St. Petersburg FL 33702 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc Name: 7901 4th St N STE 300 Office Address: St. Petersburg 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)

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: REM Capital LLC Name: □Manager **⊠**Manager Address: □Member □ Member Address: 7901 4th St N STE 300 □ Authorized □ Authorized St. Petersburg FL 33702 Person Person □Other □Other_____ □Other__ □Other_____ Name: □Manager □Manager ⊡Member Address: Address: Authorized □ Authorized Person Person \square Other $\underline{}$ □Other □Other_____ Other___ □ Manager Name: Name: □Manager □Member Address: Address: ☐ Member □ Authorized □ Authorized

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.

□Other_____

Person

Person

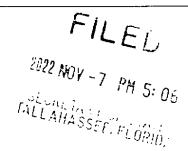
□Other ___

□ Other_____

- 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.

Rilux Park	
)	Signature of an authorized person
Riley Park	
	Exped or printed name of signed

STATE OF WYOMING Office of the Secretary of State



I, KARL ALLRED, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office.

St Petersburg 770 4th LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 4, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001180472**.

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 4th day of November, 2022 at 1:40 PM. This certificate is assigned ID Number 056264732.

Secretary of State

Hal Talla