

M220000018474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

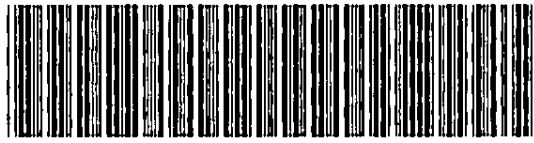
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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U.S. DEPARTMENT OF THE TREASURY

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2022 DEC 12 AM 11:44
T. LEMIEUX

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T. LEMIEUX
DEC 13 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2022

W DARROW FIEDLER
P.O. BOX 8885
MADEIRA BEACH, FL 33738

SUBJECT: ASCENT INV. LLC
Ref. Number: W22000145517

We have received your document for ASCENT INV. LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 722A00026029

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. Ascent Inv. LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Idaho 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Oct 2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 12200 Gulf Blvd 6. PO Box 8885
(Street Address of Principal Office) (Mailing Address)
Treasure Island, FL 33706 Madeira Beach, FL 33738

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

Name: W Darrow Fiedler
Office Address: 12200 Gulf Bl
Treasure Island, Florida 33706
(City) (Zip code)

2022 DEC 12 AM 11:44
-LLC

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.

[Signature]
(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: Manager
Name and Address: Name: W Darrow Fiedler/ PI LLC
 Address: PO Box 8885
 Madeira Beach, FL 33738
 Person
 Other _____ Other _____

Title or Capacity: Manager
Name and Address: Name: Erica Hill/ Hill RE LLC
 Address: PO Box 8885
 Madeira Beach, FL 33738
 Person
 Other _____ Other _____

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

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

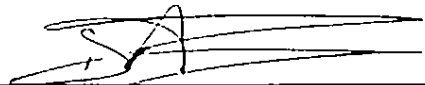
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 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.



 Signature of an authorized person

W Darrow Fiedler

 Typed or printed name of signee



STATE OF IDAHO

Lawrence Denney | Secretary of State
Business Office
450 North 4th Street
PO Box 83720
Boise, ID 83720

November 29, 2022

Request Type: Certificate of Existence/Filing

Issuance Date: 11/29/2022

Request #: 0005002685

Copies Requested: 0

Receipt #: 000746189

Regarding: ASCENT INV. LLC

Filing Type: Limited Liability Company (D)

File # : 365012

Formation/Qualification Date: 11/07/2012

Status: Active-Existing

Formation Locale: IDAHO

Duration Term: Perpetual

Inactive Date:

Certificate of Existence

I, Lawrence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

ASCENT INV. LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

Handwritten signature of Lawrence Denney in black ink.

Lawrence Denney
Idaho Secretary of State

Processed By: Business Division

Verification #: 021043722