1122000/8986

(I	Requestor's Name)				
(/	Address)				
(/	Address)				
((City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(1	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



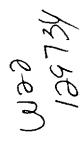
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2022 DEC 19 PH 4: 43

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COVER LETTER

Registration Section

TO:

	e of Limited Liability Company			
		Company for Authorization to Transact Business in Florida." Certif referenced foreign limited liability company to transact business in		
eturn	all correspondence concerning this matter t	o the following:		
	Hayley Botz			
	Name of Person			
	NCH Registered Agent			
	Firm/Company			
	4730 S Fort Apache Rd Ste 300			
	Address			
	Las Vegas, NV 89147			
	C	ity/State and Zip Code		
	maryagnespalumbo@gmail.com			
	E-mail address: (to bo	e used for future annual report notification)		
her ir	nformation concerning this matter, please ca	li:		
Ma	ry Agnes Palumbo	608 334-1561 at ()		
_	Name of Contact Person	Area Code Daytime Telephone Number		
	iling Address:	Street Address:		
Registration Section		Registration Section Division of Corporations		
	vision of Corporations D. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
		Tananassee, FL 32303		



October 13, 2022

HAYLEY BOTZ 4730 S FT APACHE RD STE 300 LAS VEGAS, NV 89147

SUBJECT: SOUTHERN HOSPITALITY VENTURES, LLC

Ref. Number: W22000129734

We have received your document for SOUTHERN HOSPITALITY VENTURES, 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):

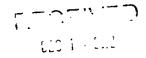
A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is 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: 822A00023025



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 of Foreign	Limited Liability Company: must include "Limite	Liability Company," "L.L.C.," or "	tte:		
f name unavailable, enter abernate r	ame adopted for the purpose of transacting business in F	orida. The alternate name must unclude "L	.imsted Labelity Company," "1. I. C." or "Li C		
Nevada	nich foreign limited liability company is organized)	3	FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ne pensity (inhelisty)			
801 South Miami Ave Unit 4803		6. 801 South Miami Ave Unit 4803			
rees Address of Principal Office)		O. (Mailing Address)			
Miami, FL 33131		Miami, FL 33131			
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	20		
Name:	NCH Registered Agent		2022 CEC		
Office Address:	390 North Orange Ave., Ste.2300-N		19 PX		
	Ortando	32 80 , Florida			
	(Cay)		p 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 agrante)



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: Mary Agnes Palumbo	□Manager	Name:	
□Member	Address: 801 South Miami Ave Unit 4803	□Member	Address:	
□Authorized	Miami, FL 33131	□Authorized		
Person		Person		
Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person	· · · · · ·	Person		
□Other		□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other

<u>Emportant Notice:</u> 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

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, SOUTHERN HOSPITALITY VENTURES, 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 06/16/2020, and is in good standing in this state.

Certificate Number: B202212103220883

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/10/2022.

BARBARA K. CEGAVSKE
Secretary of State