Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

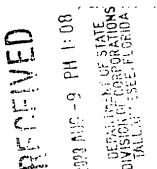
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

		Address.	
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Foreign Limited Liability Company Smartfix LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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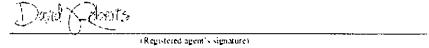
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

Smartfix LLC					
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company," L.1	C.," or "LLC.")	······································	
Smartfix FL LLC					
Il name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida. The alternate name mus-	t include "Limited Linbility	Company," "L.L.C," or "L.U	.C."ì
Nevada 					
Durisdiction under the law of w	hich foreign fimited liability company is organized)	3	ipplicable)		
I.					
·	(Date first transacted business in Florida, if prior to (See sections 605 1904 & 605 1905, E.S. to determ	registration V me penalty hability)			
1317 Edgewater Dr #5	397	1317 Edgewa	nter Dr #5397		
Street Address of Principal Office)		6. Mailing Ad	ater Dr #5397		
Orlando, FL 32804		Orlando, FL 3	2804		
			·		
				2 (
-				ZIZ3 AUG S TALLA	4 33
. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)			4 33
				- 6	7
Name	Registered Agents Inc			10	(#H
Name:				PH I	£-
Office Address:	7901 4th St N STE 300			PN 4: 06 OF STATE SEE, FL	
Office Modress:				06 7 7	
	St. Petersburg	121	J. 33702		
	(Circ)	, Floric	Jid	-	

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.



Tc: 18506176383

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	<u>v:</u>	Name and Address:
X Manager	Name: Nicolas Talj	□Manager	Name:	
□Member	Address:	□Member	Address: _	· · · · · · · · · · · · · · · · · · ·
□Authorized	7901 4th St N STE 300	□Authorized		
Person	St. Petersburg, FL 33702	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		□ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Return	a Journal
	Signature of an authorized person
Robin Jones	
· ·	Lyped or printed name of signee





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. FRANCISCO V. AGUILAR, 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, **SMARTFIX 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 07/19/2023, and is in good standing in this state.



Certificate Number: B202308073860816

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 08/07/2023.

FRANCISCO V. AGUILAR Secretary of State