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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (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 First Real Estate Holdings, LLC

Certificate of Status 0 Certified Copy 0 Page Count 04 \$125.00 Estimated Charge

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Help

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

IN COMPLIANCE WITH SECTION 695.0902, 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 "Limited	Liability Company, ""U.L.	C.," or "LLC.")		
ame unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	da. The alternate name must me	lude "Limited Liability Ce	ompany," "L L.C." or "LLC"	
Nyoming					
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)			
	(Date first transacted business in Florida, it prior to n (See sections 605 0904 & 605 0905, F.S. to determin	egistration) to penalty hability)			
963 Brush I	Hollow Road	963 Brush Hollow Road			
(Street Address of	Principal Office)	0,	(Mailing Address)		
Westbury	NY 11590	Westb	ury NY	11590	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)			
	Degistered Agents	s Ino		200	
Name:	Registered Agents	5 IIIC.			
	7901 4th St N ST	E 300		PH 5: 58	
Office Address	St Deterchura		33702	58	
Office Address:	St Dotorchura				
Office Address:	St. Petersburg	Florid:	3 Zin carde)	-	

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]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name: William Nowlan Manager Manager Manager Name: _____ 7901 4th St N STE 6098 ☐ Member Address: Member St. Petersburg FL 33702 Authorized Authorized Person Person Other_____ Other Other____ Other____ Name: Manager Manager Name: Manager Address: Address: Member Member Authorized Authorized Person Person Other____ Other_____ Other__ Other Name: Manager Name: Manager 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. Riley Park

Lyped or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I. EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

First Real Estate Holdings, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 20, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-000998445**.

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 22nd day of September, 2021 at 9:02 AM. This certificate is assigned ID Number 047041425.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.