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(((H22000254644 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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 WIFI BREAD LLC

Certificate of Status	Ü		
Certified Copy	0		
Page Count	01		
Estimated Charge	\$125.00		

S. FRANKLIN Help JUL 2 8 2022

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

IN COMPLIANCE WITH SECTION 6/5/002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS INTHE STATE OF FLORIDA: WIFI BREAD LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.") DIGITAL BREAD LLC Ill name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "E. L.C." or "L.I.C.") **NEW YORK** 86-1304281 (Jurisdiction under the law of which foreign limited liability company is organized) 07/28/2022 (Date first transacted business in Florida, if prior to registration) (See sections 605 9904 & 605 0905, F.S. to determine penalty liability) 5. (Street Address of Principal Office) (Mailing Address) 17185 LOSILLAS CIRCLE UNIT 912 17185 LOSILLAS CIRCLE UNIT 91 FORT MYERS, FL 33913 FORT MYERS, FL 33913 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) HAYDEN SCHREIER Name: 17185 LOSILLAS CIRCLE UNIT 912 Office Address: FORT MYERS . Florida 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)

To:

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:	1	Name and Address:
□Manager	Name: HAYDEN SCHREIER	⊒ Manager	Name:	
Member	Address: 17185 Losillas Circle unit 912	□Member	Address:	
□Authorized	Fort Myers, FL 33913	☐ Authorized		
Person		Person		
□Other	Other	Cother		□Other
□Manager	Name:	⊒Manager	Name:	
□Member	Address:	□Member	Address:	- 2
□Authorized		☐ Authorized		2022
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. 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.

Hayden Schreier	
संबद्धारित ५८ सन् स्व (१४१८२) १४०२२ ४५ २८१२स (Signature of an authorized person
	HAYDEN SCHREIER
	Exped or printed name of signee

STATE OF NEW YORK

Lexites

DEPARTMENT OF STATE

Certificate of Status

I. ROBERT J. RODRIGUEZ. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: WIFI BREAD LLC

DOS 1D Number: 5911599

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 01/07/2021

Statement Status: CURRENT Statement Due Date: 01/31/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION

Date of Filing: 01/07/2021

Entity Name: WIFI BREAD LLC

Document Type: CERTIFICATE OF PUBLICATION

Date of Filing: 06/21/2021

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

From: Carol Panchana

WITNESS my hand and official seal of the Department of State, at the City of Albany, on July 27, 2022 at 04:12 P.M.

ROBERT J. RODRIGUEZ. Secretary of State



Brandon C. Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

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