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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future

Email	Address:	
	MUULUSS.	

annual report mailings. Enter only one email address please.**

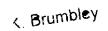
FOREIGN PROFIT/NONPROFIT CORPORATION **Snowbird Home Management Corp**

Certificate of Status	0
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Fax: 18134365206

May 30, 2025 05:27 To: +18506176380 Page: 2/4 Fax: 18134365206

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of c	Home Management Corp orporation: must include "INCORPORATED," "C orp." "Inc." "Co." or "Corp.")	OMPANY." "CORPORATION	V."
(If name unavail	able in Florida, enter alternate corporate name adop	ted for the purpose of transactin	ng business in Florida)
_{2.} Wyomin	g 3		
(State or country under the law of which it is incorporated) (FEI number, if applicable)			
_{4.} 4/8/25	5.		
(Date of incorporation) 5. (Date of duration, if other than po			than perpetual)
6			
	(Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502, 1	rida, if prior to registration) F.S., to determine pepalty liabili	iv)
7901 4th	St N STE 300 St. Petersb	• •	· · · · · ·
7,1001 461	(Principal office st	•	
7901 4th S	t N STE 300 St. Petersburg FL 33		
· · -	(Current mailing add	lress, if different)	·
			2
8. Name and stree	et address of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	025 .:
Name:	Registered Agents Inc		2025 HAY 30
Office Address:	7901 4th St N STE 300	_	ယ္
	St. Petersburg	. Florida 33702	2
	(City)	(Zip code)	<u> </u>
0 Ranistarad an	ent's accentance:		57. US

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Mey 30° 2025 35.27 To: ~18506176380 Page: 3/4 Fax: 18134365206

A. DIRECTORS							
Chairman	Name: Littlefield, Duncan	□Chairman	Name:				
□Vice Chairman	Address: 7901 4th St N STE 300	□Vice Chairman	Address:				
₩ Director	St. Petersburg FL 33702	□Director					
'X' President		□President					
□Vice President		□Vice President					
⊠Secretary	☆ Treasurer	□ Secretary		□Treasurer			
□Other	Other	□Other		⊡Other			
□Chairman	Name:	ElChairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary		□Treasurer			
□Othet	□Other	□Othei		□Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		□Director					
□President	***************************************	□President					
□Vice President		□Vice President					
□Secretary	Treasurer	□Secretary		□Treasurer			
□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. 12. Signature of Director or Officer							

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

, Duncan Littlefield - President

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office.

Snowbird Home Management Corp is a Profit Corporation

formed or qualified under the laws of Wyoming did on April 8, 2025, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2025-001652721.

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 29th day of May, 2025 at 4:14 PM. This certificate is assigned ID Number 085501116.

Secretary of State

Fax: 18134365206

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.