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ALL/MASSEE FLORIDA

COVER LETTER

Registration Section

TO:

| Div | vision of Corporatio | ns | | | | |
|-------------------------------|--|---|--|--|--|-------------------------|
| SUBJECT: | The Girgenti Com | pany LLC | | | | |
| SOBJECT. | | Name of | Limited Liability | Company | | |
| The enclosed Existence, an | d "Application by Fo | reign Limited Liability Com ed to register the above refer | pany for Authoriza enced foreign limi | ation to Tr ted liabilit | ansact Business in Florida," Cert y company to transact business in | ificate of n Florida |
| Please return | n all correspondence | concerning this matter to the | following: | | | |
| | Robert Sperra | azza | | | | |
| | | N | ame of Person | | | |
| | The Girgenti | Company LLC | | | | |
| | | F | irm/Company | | | |
| | 445 Paradise | Blvd | | | | |
| | | | Address | | | |
| | Panama City | Beach Florida 32413 | | | | |
| | | City/S | tate and Zip Code | | | |
| | Robertik0728@ | | | | | |
| | | E-mail address: (to be use | d for future annual | l report no | tification) | |
| For further is | nformation concerning | ng this matter, please call: | | | | |
| Ro | bert Sperrazza | | 850 at (| 27636 | 14 | |
| | Name | of Contact Person | Area Code | Day | ytime Telephone Number | |
| Div Reg P.O | AILING ADDRESS vision of Corporation gistration Section D. Box 6327 lahassee, FL 32314 | | | Division Registrat Clifton B 2661 Exc | r ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301 | |
| | a check for the follow \$125.00 Filing Fee | ving amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filit Certified Copy | ng Fee & | □ \$160.00 Filing Fee, Certific of Status & Certified Copy | rate |

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| name unavailable, enter alternate i | name adopted for the purpose of transacting business in Flori | nda. The alternate name must include "Limited Li | ability Company," "L.L.C," or "LLC.") |
|--|---|---|---|
| New Mexico8636 | | _{3.} 45-1290458 | |
| (Jurisdiction under the law of w | which foreign lumited liability company is organized) | | iber, if applicable) |
| NA | | | |
| | (Date first transacted business in Flonda, if prior to n (See sections 605.0904 & 605.0905, F.S. to determin | egistration.) ne penalty liability) | |
| 445 Paradise BLVD | | 6. 445 Paradise Blvd | |
| (Street Address of Panama City Beach | Principal Office) | (Mailing Ad | dress) |
| Florida 32413 | | Florida 32413 | |
| | | | TEST TO TO |
| Name and street addre | ss of Florida registered agent: (P.O. Box | NOT acceptable) | 5 PR 3 |
| | Robert Sperrazza | | 7 7 |
| Name: | | | |
| Office Address: | 445 Paradise Blvd | | Öli. |
| | Panama City Beach | , Florida 32413 | |
| signated in this applica comply with the provis | otance: egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent. Robert Sperrazza | registered agent and agree to act | t in this capacity. I further |
| signated in this applica comply with the provis id accept the obligation | egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent. | registered agent and agree to act and complete performance of my ignature) | t in this capacity. I further |
| signated in this applica comply with the provised accept the obligation The name, title or cap | egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. Robert Sperrazza (Registered agent year active and address of the person(s) who has | and complete performance of my ignature) s/have authority to manage is/are: | t in this capacity. I further duties, and I am familiar |
| signated in this applicated in the provised accept the obligation The name, title or cap Title or Capacity: | egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. Robert Sperrazza (Registered agent'ys) acity and address of the person(s) who has Name and Address: | and complete performance of my ignature) s/have authority to manage is/are: | t in this capacity. I further duties, and I am familiar |
| signated in this applicated in the provised accept the obligation The name, title or cap Title or Capacity: | egistered agent and to accept service of protion, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. Robert Sperrazza (Registered agent' you active and address of the person(s) who has Name and Address: Robert Sperrazza 445 Paradise Blvd | and complete performance of my ignature) s/have authority to manage is/are: | t in this capacity. I further duties, and I am familiar |
| signated in this application comply with the provised accept the obligation. The name, title or caparity: Manager | egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. Robert Sperrazza (Registered agent ysinacity and address of the person(s) who has Name and Address: Robert Sperrazza 445 Paradise Blvd Elena Diupina-Sperrazza 445 Paradise Blvd | and complete performance of my ignature) s/have authority to manage is/are: | t in this capacity. I further duties, and I am familiar |
| signated in this application comply with the provised accept the obligation. The name, title or cap Title or Capacity: Manager Manager | egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. Robert Sperrazza (Registered agent ysion active and address of the person(s) who has name and Address: Robert Sperrazza 445 Paradise Blvd Panama City Florida 32413 Elena Diupina-Sperrazza 445 Paradise Blvd Panama City Beach Florida 32413 | and complete performance of my ignature) s/have authority to manage is/are: | t in this capacity. I further duties, and I am familiar |
| signated in this application comply with the provised accept the obligation. The name, title or caparity: Manager Manager Manager | egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. Robert Sperrazza (Registered agent ysion active agent ysion active and address of the person(s) who has Name and Address: Robert Sperrazza 445 Paradise Blvd Panama City Florida 32413 Elena Diupina-Sperrazza 445 Paradise Blvd Panama City Beach Florida 32413 | sregistered agent and agree to accumulate performance of my signature) s/have authority to manage is/are: Title or Capacity: | Name and Address: |
| signated in this application comply with the provised accept the obligation. The name, title or cap Title or Capacity: Manager Manager Jee attachments if necessatication under the law | egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. Robert Sperrazza (Registered agent ys) acity and address of the person(s) who has Name and Address: Robert Sperrazza 445 Paradise Blvd Panama City Florida 32413 Elena Diupina-Sperrazza 445 Paradise Blvd Panama City Beach Florida 32413 ssary) c of existence, no more than 90 days old, dof which it is organized. (If the certificate | sregistered agent and agree to accumulate performance of my signature) s/have authority to manage is/are: Title or Capacity: | Name and Address: aving custody of records in |
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| signated in this application comply with the provised accept the obligation. The name, title or cap Title or Capacity: Manager Manager Attached is a certificate risdiction under the law the translator must be seen. This document is executed. | egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. Robert Sperrazza (Registered agent ys) acity and address of the person(s) who has Name and Address: Robert Sperrazza 445 Paradise Blvd Panama City Florida 32413 Elena Diupina-Sperrazza 445 Paradise Blvd Panama City Beach Florida 32413 ssary) c of existence, no more than 90 days old, dof which it is organized. (If the certificate | duly authenticated by the official he is in a foreign language, a translation (1) (b), Florida Statutes. I am awa | Name and Address: aving custody of records in tion of the certificate under |
| signated in this application comply with the provised accept the obligation. The name, title or cap Title or Capacity: Manager Manager Attached is a certificate risdiction under the law the translator must be seen. This document is executed. | egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. Robert Sperrazza Robert Sperrazza Registered agent yet acity and address of the person(s) who has Name and Address: Robert Sperrazza A45 Paradise Blvd Panama City Florida 32413 | duly authenticated by the official he is in a foreign language, a translation (1) (b), Florida Statutes. I am awa | Name and Address: aving custody of records in tion of the certificate under |
| signated in this application comply with the provised accept the obligation. The name, title or cap Title or Capacity: Manager Manager Attached is a certificate risdiction under the law the translator must be seen. This document is executed. | egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. Robert Sperrazza Registered agent Sperrazza | duly authenticated by the official he is in a foreign language, a translation (1) (b), Florida Statutes. I am awa | Name and Address: aving custody of records in tion of the certificate under |

OFFICE OF THE SECRETARY OF STATE NEW MEXICO

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

The Girgenti Company LLC 5697816

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

Limited Liability Company Act

53-19-1 to 53-19-74 NMSA 1978

having filed its Articles of Organization on July 3, 2018, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: August 6, 2018

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.

Maggie Toulouse Oliver
Secretary of State

