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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

: (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 158 Clipper St. LLC

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Help

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<i>1</i>			ALTHODIZATION TO T	DAVEACT DISINESS
APPLICATION BY FO	REIGN LIMITED LIABILITY COMPA IN FLOR		AUTHORIZATION TO 1	RANSACT BUSINESS
<i>coмрамутот</i> камѕаст <i>ви.</i> , 158 Clipper St.	ION 605.0902, FLORIDA STATUTES, THE FOLIA SINESS IN THE STATE OF FLORIDA: LLC			OREIGN LIMITED LIABILITY
(Name of Foreign I	limited Liability Company; must include "Limited Lia	ability Comp	pany," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate na	me adopted for the purpose of transacting business in Florida.	The alternate	name must include "Limited Liability Corr	npany," "L. L.C," or "LLC.")
<sub>2</sub> Georgia	ich foreign limited liability company is organized)	3. 82	2-1926235	licable)
(Jurisdiction phoet the taw of wh	Kn kireign ilmited Idolity Confunt ( O.gamzeu)	-  -  1	(	
4	(Date first transacted business in Florida, if prior to regist (See sections 605,0904 & 605,0905, F.S. to determine po	tration.)		
5. 7901 4th St	N STE 300	1 1 1	01 4th St N ST	E 300
(alleet Madress to 1	interpar Office)		, <b>.</b>	
St. Petersbu	urg, FL 33702	Şt.	Petersburg, F	L 33702
7. Name and street addres	<u>s</u> of Florida registered agent: (P.O. Box <u>N</u>	OT accep	table)	THE T
Name:	Registered Agents	Inငုံ.	1	25
Office Address:	7901 4th St N STE	300		Page 1
<i>(</i> ),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	St. Petersburg	-	33702 J. Florida	130 130
	(City)		(Zip code)	
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of pro tion, I hereby accept the appointment as re ions of all statutes relative to the proper an s of my position as registered agent.	egistered (	agent and agree to act in this	s capacity. I further agree
	Bell Have (Registered agent's sign	unum) II	1	
	tuckniese agen , siki	)		

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DINAH 25 PM 5: 30

	u	<u> </u>		-UZI JAH 25 PM 5: 30
8. For initial index manage [up to six (6	ing purposes, list names, title or capacity and a	ddresses of the primary i		- L
Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
Manager	Name: Whitney Strain	∭ Manager	Name:	
☑Member	Address: 7901 4th St N STE 300	Member	Address: _	
Authorized	St. Petersburg, FL 33702	∐ Authorized		
Person		Person		<u> </u>
Other	Other	Other	<u> </u>	Other
Manager	Name:	Manager	Name:	
Member	Address:	☐ Member	Address: _	
Authorized			<del></del>	
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Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	A CONTRACTOR OF THE PARTY OF TH
Member	Address:	Member	Address: _	
Authorized		Authorized		
Person		Person		
Other	Other	Other	<del></del>	Other
indexed individuals  9. Attached is a cer	Use an attachment to report more than six (6). It is may be added to the index when filing your Florificate of existence, no more than 90 days old, the law of which it is organized. (If the certifical ust be submitted)	lorida Department of Sta           duly authenticated by th	te Annual Re <sub>l</sub> se official hav	ing custody of records in the
10. This document	is executed in accordance with section 605.020 ament to the Department of State constitutes a the	3 (1) (b), Florida Statute nird degree felony as pro	es. I am aware vided for in s.	that any false information 817,155, F.S.
	Riley Park. Signatur	e of an authorized person		
	Riley Park			····
	Typed	or printed name of signee		

Control Number: 17066964

## STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower

2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

CILEU SIST

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

158 Clipper St. LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 20050860 Date Inc/Auth/Filed : 06/14/2017 Jurisdiction : Georgia Print Date : 01/19/2021

Form Number : 211



Brad Rafforsperge

Brad Raffensperger Secretary of State