001494

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	MAIT WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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- grynibley

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NΟ	120000000195
ACCOONI	MO.	 120000000133

REFERENCE : 649598 4311863

AUTHORIZATION

COST LIMIT :/ \$.455.00

ORDER DATE: February 5, 2021

ORDER TIME : 11:31 AM

ORDER NO. : 649598-005

CUSTOMER NO: 4311863

FOREIGN FILINGS

NAME: EVERYDAY RITUAL LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO:

Registration Section

ECT:	Everyday Ritual LLC	
-	Nam	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in F
return :	all correspondence concerning this matter t	to the following:
	Zachary Enright	
		Name of Person
	Everyday Ritual LLC	
		Firm/Company
	5380 Gulf of Mexico Drive	
		Address
	Longboat Key, Florida 34228	
	C	City/State and Zip Code
	zack@magicmoney.com	
	E-mail address: (to be	e used for future annual report notification)
rther inf	formation concerning this matter, please ca	II:
Zacl	hary Enright	941 448-8882
- 1 	Name of Contact Person	Area Code Daytime Telephone Number
	ing Address:	Street Address: Registration Section
Registration Section Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	osed is a check for the following amount:	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	llorida. l'he i	ilternate name must include "Limited Liability	«Company," "L	.L.C," or "LLC	:.")
Delaware 2.		2	86-1900371			
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	3.	(Fld number, if	applicable)		
Not yet doing busine	ess					
4.	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration une penalty	.) Dability)	_		
5380 Gulf of Mexico	Drive	6	5380 Gulf of Mexico Drive			
(Street Address of Principal Office)	5. (Street Address of Principal Office)		(Mailing Address)		- ·	
Longboat Key, FL 34	Longboat Key, FL 34228		Longboat Key, FL 34228			
		-				
7. Name and street addres Name:	ss of Florida registered agent: (P.O. Box Corporation Service Company	x <u>NOT</u> a	eceptable)		2021 FE	
		. <u>NOT</u> a	eceptable)		2021 FEB -5	77 - 77 - 77 - 77 - 77 - 77 - 77 - 77
Name:	Corporation Service Company 1201 Hays Street Tallahassee	. <u>NOT</u> a	32301 , Florida		2021 FEB - 5 PH 1:	
Name:	Corporation Service Company 1201 Hays Street	x <u>NOT</u> a	32301		2021 FEB - 5 PH 1: 10	

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:	Name and Address:
■Manager	Name: Zachary Enright	□Manager	Name: Harrison Jowsey
□Member	Address: 5380 Gulf of Mexico Drive	□Member	Address: 5380 Gulf of Mexico Drive
□Authorized	Longboat Key, FL 34228	□Authorized	Longboat Key, FL 34228
Person		Person	
■Other	□Other	Other	dent
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	□Other

<u>Important Notice:</u> 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.

DocuSigned by:		
Zack Enright		
E4FAAAC5BE64480	Signature of an authorized person	
Zachary Enright		
	Exped or printed name of signee	

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EVERYDAY RITUAL LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FIFTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EVERYDAY RITUAL LLC" WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 202450774

Date: 02-05-21