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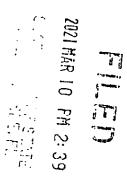
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

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TO:

***	Plus 1 Reality, LLC						
BJ E	CCT:	Name of Lim	ited Liability	Company	, <u>.</u>		
ene sten	closed "Application by Fore ce, and check are submitted	ign Limited Liability Company to register the above reference	tor Authoriza d foreign limi	ation to Transact Businted liability company	ness in Florid to transact bu	a," Co isiness	ertific s in Fl
isc i	return all correspondence co	oncerning this matter to the follo	owing:				
	Heather Hooley						
		Name	of Person			-	
	Veil Legal						
		Finn/G	Company			2021	
	1187 North 1200) West Ste 300			,. "	1921 HÁR	
		Ac	ddress			0	;~
	Orem, UT 8405	7			100	FH 2:	-
		City/State	and Zip Code	•		_: 39	
	renewals@veil.co 					_	
		E-mail address: (to be used for	future annual	report notification)			
lufl	her information concerning	this matter, please call:					
	Heather Hooley	at	877 (313-1043 _)			
	Name of	Contact Person	Area Code	Daytime Telepl	hone Number		
	MAILING ADDRESS:			STREET ADDRES			
	Division of Corporations Registration Section			Division of Corporat Registration Section	ions		
	P.O. Box 6327			Clifton Building			
	Tallahassee, FL 32314			2661 Executive Cent Tallahassee, FL 3230			
	Enclosed is a check for the Please make check payabl	e following amount: e to: FLORIDA DEPARTME	NT OF STA	TE			
	\$125.00 Filing Fee	S130,00 Filing Fee &	☐ \$155.00	Filing Fee & 🔲 :			. Cert

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

IN COMPLIANCE WITH SECTION (05:0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Plus 1 Realty, LLC							
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability	Company," "L.L.C.," or "Ll.C.")	•			
(France men utable come demonstra	name adopted for the purpose of transacting business in Fl						
	name adopted for the purpose or transacting dusiness in ri	ionga, The ail		ly Company,	"L L _e C," or	"I,I I","	
Utah 2. Unrisduction under the law of which foreign limited liability company is organized)		3.	84-2075138				
(Jurisdiction under the law of w	high foreign limited liability company is organized)	(FEI mindser, if applicable)		021	المصندا		
1				1	2021 MAR 10	- 6 1 	
•	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	i irgistration nne penalty l) iahtidy)			3	
7901 4th St N STE 30	() Principal Office)	6.	18001 NW 2nd CT	, i. lea	PH 2	, mark	
(Street Address of I	Principal Office)		(Mailing Address	.)	رن		
St. Petersburg, FL 337	02		Miami, FL 33169	; ; ;	<u>,</u> 0		
		•					
		-			···		
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	ecept able)				
Name:	Registered Agents Inc.						
		•					
Office Address:	7901 4th St N STE 300						
	St. Petersburg		33702				
	(City)		, Florida (Zîp code)				

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.

Bill Havre/Assistant Secretary/Registered Agents Inc
(Reguleted agent's uggashire)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

fitle or Capacity:	Name and Address:	Title or Capacit	<u>Name</u>	and Address
Manager	Name: Wladimir Augustin	Manager	Name:	
Member	Address: 18001 NW 2nd CT	☐ Member	Address:	
Authorized	Miami, FL 33169	☐ Authorized		
Person		Person		
Other	Other	Other	Oth	[2] [2]
]Manager	Name:	☐ Manager	Name:	
]Member	Address:	☐ Member	Address:	-ci jul
]Authorized		Authorized	100	₩
Person		Person	(7)	ယ
]Other	Other	Other	Oth	cr
Manager	Name:	☐ Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
3	Other	Other		er

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

Signature of an authorized person

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Wladimir Augustin



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

03/04/2021 11338326-016003042021-1371532

CERTIFICATE OF EXISTENCE

Registration Number:

11338326-0160

Business Name:

PLUS I REALTY, LLC

Registered Date:

June 12, 2019

Entity Type:

LLC - Domestic

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jan Styr

Jason Sterzer Director Division of Corporations and Commercial Code