

Division of Corporations

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**M21 000004660**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.  
Account Number : 120080000045  
Phone : (302)645-7400  
Fax Number : (302)645-1280

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: flomentumllc@gmail.com

**Foreign Limited Liability Company  
Flomentum L.L.C.**

Certificate of Status	1
Certified Copy	0
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2021 APR -8 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 APR -8 PM 3:02

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# 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Flomantum L.L.C.  
 (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware  
 (Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
 (FEI number, if applicable)

4. April 1, 2021  
 (Date first transacted business in Florida, if prior to registration)  
 (See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 207 Xanadu Place  
 (Street Address of Principal Office)

6. P.O. Box 31404  
 (Mailing Address)

Jupiter, FL 33477

Palm Beach Gardens, FL 33420

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jennifer Chapman

Office Address: 207 Xanadu Place

Jupiter, Florida 33477

(City) (Zip 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.

(Registered agent's signature)

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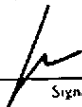
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Jennifer C. Chapman	<input type="checkbox"/> Manager	Name: Varpa Real Estate L.L.C.
<input type="checkbox"/> Member	Address: P.O. Box 31404	<input checked="" type="checkbox"/> Member	Address: 1008 16th Avenue
<input type="checkbox"/> Authorized	Palm Beach Gardens, FL 33420	<input type="checkbox"/> Authorized	Fairbanks, AK 99701
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Robert L. Chapman, Jr.	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: P. O. Box 31404	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	Palm Beach Gardens, FL 33420	<input type="checkbox"/> Authorized	
Person		Person	
<input checked="" type="checkbox"/> Other Man.Mem.-Varpa	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.

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.

  
Signature of an authorized person

Jennifer C. Chapman

Typed or printed name of signer

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# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLOMENTUM L.L.C." 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 EIGHTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLOMENTUM L.L.C." WAS FORMED ON THE FIRST DAY OF APRIL, A.D. 2021.

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



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

5771025 8300

SR# 20211223704

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202923406

Date: 04-08-21

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