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To:

**Division of Corporations** 

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number : 120090000081 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 wallstreet swings llc

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

- W/1/27

PLAPRIS AN A. C.

## 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: wallstreet swings llc (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,") 8 The Green Ste A <sub>5.</sub> 7901 4th St N **STE 300 Dover DE 19901** St. Petersburg FL 33702 Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg 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.

Title or Capacity:	Name and Address:	Title or Capacity	Name and Address:
Manager	Name: Scott Study	Manager	Name:
☑Member	Address: 3177, Bayshore Oaks Dr	Member	Address:
Authorized	Tampa, FL 33611	Authorized	
Person		Person	
Other	Other	Other	Other
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
9. Attached is a ce jurisdiction under of the translator m	Use an attachment to report more than six s may be added to the index when filing y rtificate of existence, no more than 90 day the law of which it is organized. (If the ceust be submitted)  t is executed in accordance with section 60 ument to the Department of State constitut	our Florida Department of St rs old, duly authenticated by t rtificate is in a foreign langua 15,0203 (1) (b), Florida Statut	he official having custody of records in ge, a translation of the certificate under test. I am aware that any false information

Typed 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 "WALLSTREET SWINGS 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 TWELFTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WALLSTREET SWINGS LLC" WAS FORMED ON THE SECOND DAY OF FEBRUARY, A.D. 2021.

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

at corn delaware gov/aut

Authentication: 202940225

Date: 04-12-21

4959906 8300

SR# 20211251304