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	istration Section sion of Corporations	r H		
cCT:	Snoutly Management, LLC			
,C1.	Name of Limited Liability Company	_		
closed ice, an	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida deheck are submitted to register the above referenced foreign limited liability company to transact but	a," ( sine	Certifi ss in I	c:
return	all correspondence concerning this matter to the following:			
	Christopher Costello			
	Name of Person	<u> </u>	2021 KAY 10	
	Firm/Company	<u>-</u>	<u></u>	
	633 Altura Dr.	)	PM 4: 30	
	Address		र्ने. क	
	Cocoa, FL 32927	. '	0	
	City/State and Zip Code	_		
	flyingfish@cfl.RR.com			
	E-mail address: (to be used for future annual report notification)	_		
ther in	formation concerning this matter, please call:			
Jess	800 375-2453			
	Name of Contact Person Area Code Daytime Telephone Number	_		
Divi Reg P.O.	ILING ADDRESS:STREET ADDRESS:sion of CorporationsDivision of Corporationsistration SectionRegistration SectionBox 6327Clifton Buildingahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
	osed is a check for the following amount: se make check payable to: FLORIDA DEPARTMENT OF STATE			
	\$125.00 Filing Fee \$\ \text{Certificate of Status}  \text{S155.00 Filing Fee & \text{Certified Copy}  \text{\$160.00 Filing Fee & \text{Certified Copy}  \text{of Status & 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:

me onavailable, enter alternate r	ame adopted for the purpose of transacting business in FI	orida. The alternate name must include "Limited Liah	bility Company," "L.L.C," or "LLC."
Alaska		3	
(Jurisdiction under the law of w	hich foreign lumited hability company is organized)	(FEI numb	per, if applicable)
	(Date first transacted business in Florida, if prior to	nevistration.)	
	(See sections 605 0904 & 605,0905, F.S. to determ	nine penalty liability)	5 1
200 W. 34th Ave. #97	7	633 Altura Dr. 6.	(A) P
(Street Address of	Principal Office)	(Mailing Addr	
		Cocoa, FL 32927	30
	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	
		x <u>NOT</u> acceptable)	
	ss of Florida registered agent: (P.O. Bo:	x <u>NOT</u> acceptable)	
Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Bo:	x <u>NOT</u> acceptable)	
Name and street addre	es of Florida registered agent: (P.O. Bo Christopher Costello	x <u>NOT</u> acceptable)	

(Registered agent's signature)

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Emily Costello Christopher Costello ■Manager 633 Altura Dr. 633 Altura Dr. Member Address: Address: Member Cocoa, FL 32927 Cocoa, FL 32927 Authorized Authorized Person Person Other Other\_\_\_\_ Other Other\_ Name: \_\_\_\_\_ Manager Manager ☐ Member Member Address: \_\_\_\_\_ ☐ Authorized Authorized Person Person 1]74 Oiher 🕱 ∐Other\_ Other\_\_\_\_ Other\_ Name: \_\_\_\_\_\_ Name: \_ \_\_\_\_\_ Manager Address: \_\_\_\_\_ \_\_\_ \_\_\_ Address: \_\_\_\_\_\_ Member ☐ Authorized Authorized Person Person Other\_\_\_\_ Other \_\_\_\_\_\_ Other \_ \_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Christopher Costello

Typed or printed name of signee

Alaska Entity #10157578

### State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

### **Certificate of Compliance**

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

#### **Snoutly Management, LLC**

This entity was formed on March 9, 2021 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this (corporation.

Julie Cinder



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective April 12, 2021.

Julie Anderson Commissioner