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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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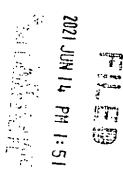
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	Name of Fimited Liability Company				
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ace, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.				
Please	return all correspondence concerning this matter to the following:				
	Lyndsay Bastion Name of Person				
Soar like an Eagle, L.C.					
70380 Highway 21 #2-234					
	Covington, UA 70433 City/State and Zip Code Gulfplace 220@gmail.com				
	E-trail address: (to be used for future annual report notification)				
For fur	ther information concerning this matter, please call:				
	Undsay Bastion at (985) 907-5333 3 Name of Contact Person Area Code Daytime Telephone Number				
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{c} \text{\$\subset}\$ \$130.00 Filing Fee & \$\Begin{array}{c} \text{\$\subset}\$ \$155.00 Filing Fee & \$\Beta\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy & of Status & Certified Copy & \$\text{\$\subset}\$ \$130.00 Filing Fee & \$\Beta\$ \$155.00 Filing Fee & \$\Beta\$ \$160.00 Filing Fee & \$\Beta\$ \$					

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. Soak Like an Eagle, LLC. (Name of Foreign Limited Liability Ompany; must include "Limited Liability Company," "L.L.C." or "L.C.")
GUF Place STR, 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. LOUIS I AMA (Junsdiction under the law of which foreign hunted hability company is organized) 3. 80 - 30971045 (Fill number, if applicable)
4. May 19, 2021 (Date first transacted bissiness in Florida, it' prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability)
5. 37 7 www (enter Loup) 6. 70380 Highway 21 (Street Address of Principal Office) 6. Mailing Address)
#2-234
Santa Rosa Brach, FL Covington, UA 70432 33 459 7. Name and street address of Florida registered agent! (P.O. Box NOT acceptable)
Name: Lyndsay Bashon 3
Office Address: 1096 Scenic Gulf Drive #511
Miranar Brach, U Florida 32550 (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.

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]:

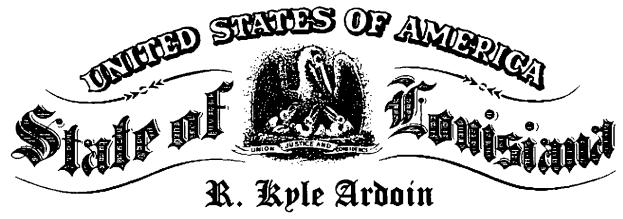
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Lyndsay Bastian	Manager	Name: (M/Stypher S. Baston
□Member	Address: 70380 Highway 21	□Member	Address: 70380 Highway 21
□Authorized	# 2-234	□Authorized	<u> +2-234</u>
Person	Covington, LA 70433	Person	Covington, UA 70433
□Other	□Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	2021
□Other	Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□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

Lundon Ard.



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

a copy of the Articles of Organization and Initial Report of

SOAR LIKE AN EAGLE, LLC

Domiciled at COVINGTON, LOUISIANA,

Was filed and recorded in this Office on April 06, 2021,

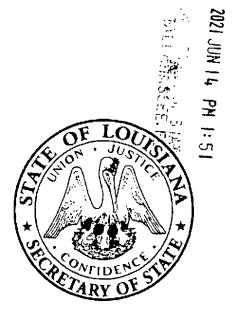
And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

April 6, 2021

/L Tagle /16 2 Secretary of State

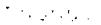
WEB 44352004K



Certificate ID: 11369144#LJH62

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov





May 23, 2021

LYNDSAY BASTIAN 70380 HWY 21 #2-234 COVINGTON, LA 70433 US

SUBJECT: SOAR LIKE AN EAGLE, LLC

Ref. Number: W21000074451

We have received your document for SOAR LIKE AN EAGLE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please list the complete principal office address.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 721A00010978

RECENTED

RECENTED