Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:	 		

Foreign Limited Liability Company **SOW Innovation LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

SOW Innovation LLC

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

If name unavailable, enter alterna	ite name adopted for the purpose of transacting business in Pic	orida. The	alternate name must include "Lin	nuted Lightliny Company," "L.I. C," or "LL			
Delaware							
(Jurisdiction under the law)	which foreign limited liability company is organized)	3.	(FE	El number, il applicable)			
	(Date first transacted business in Florids, if prior to (See vections 615,0904 & 605,0905, F.S. to determi	registratio inc penalty	n.) - liability)				
c/o Beta House Soli		6.	ons, LLC				
Street Address of Principal Offic	ej		(Mailing Address)				
2598 E. Sunrise Blv	d., Suite 2104		2598 E. Sunrise Blvd				
•	Fort Lauderdale, FL 33304		Fort Lauderdale, FL 33304				
7. Name and street add	ress of Florida registered agent: (P.O. Box	NOT	acceptable)	2021 JUN SECRED			
Name:	Corporate Creations Network Inc.			UN 22			
Office Address	801 US Highway 1 s:		<u></u>	MID: 2			
	North Palm Beach		33408	· 근목 · · · · · · · · · · · · · · · · · ·			

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.

Ashley Goldsmith, Special Secretary

(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]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
■Manager	Name:	□Manager	Name:	
□Member	Address: c/o Beta House Solutions, LLC	□Member	Address:	
□Authorized	2598 E. Sunrise Blvd., Suite 2104	□Authorized		
Person	Fort Lauderdale, FL 33304	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

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.

	(homy!)	
	Signature of an authorized person	- · · · · · · · · · · · · · · · · · · ·
Ashley Goldsmith, Attor	ncy-in-Fact	
	Typed or remed game of cittles	

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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SOW INNOVATION 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 TWENTY-SECOND DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOW INNOVATION LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2021.

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

Authentication: 203502173

Date: 06-22-21