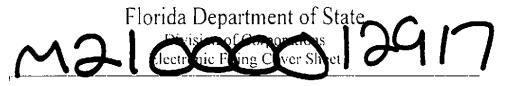
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (\$50)617-6391

Prom:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : T20080000045 Phone : (302)645-7400 Pax 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: ggheller@optonline.net

LLABASSECTIONIDA

## Foreign Limited Liability Company GH Squared Holdings LLC

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

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COMPANTIOTRANSACTBUSINESS INTHE STATEOFFLORIDA:

(((H21000366627 3)))

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

IN COMPLEMED WITH SECTION 6950002, LEORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TEMITED DAMBERTY

## Registered agent's acceptance:

Office Address:

545 Fore Drive

Bradenton

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. Thereby 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.



(((H21000366627 3)))

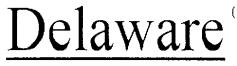
8.	For	cinitia	l indexing pui	poses, list	t names,	title or	capacity	and	addresses (	of the primary	members	/managers	or	persons auth	rorized to
m	mag	e (up t	o six (6) total]	]:											

Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
□Manager	Name: Grant Heller, Sr	□Manager	Name:	
≅Membei	Address: 545 Fore Drive	[]Member	Address:	
[]Authorized	Bradenton, FL 34208	□Authorized		
Person		Person		
□Othet	[]Other	[]Other		□Other
□Manager	Name;	□Manager	Name;	
☐Member	Address:	∏Member	Address:	
□Authorized	and state of the s	□Authorized		
Person		Person		
□Other	□Other	Other		Ol¶er
	•			
[]Manager	Name:	□Manager	Name:	
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Person		Person		
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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 \$.817.155. F.S.

	PAH	
	Stemante of an authorized person	
Grant Heller, Sr		



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GH SQUARED HOLDINGS 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 THIRTIETH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GH SQUARED HOLDINGS LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2021.

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



Authentication: 204292569

Date: 09-30-21

6252335 8300 SR# 20213388629