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(Address)

(City/State/Zip/Phone #)

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STATE OF MICHIGAN

TZ
10/20/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WALLABY HOLDINGS, LLC.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

SCOTT MARR

Name of Person

Firm/Company

2116 S BABCOCK ST

Address

MELBOURNE, FL 32901

City/State and Zip Code

scott@1954capital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Martinez Agent of Wallaby Holdings, LLC

at (321)

257-3778 Ext. 702

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 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**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. WALLABY HOLDINGS L.L.C.

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

WALLABY WINDOWS, 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. PUERTO RICO

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 66-0991298

(FBI number, if applicable)

Once the authorization to transact business in Florida is received.

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 151 CALLE DE SAN FRANCISCO

(Street Address of Principal Office)

6. 151 CALLE DE SAN FRANCISCO

(Mailing Address)

STE 200 PMB 0013

STE 200 PMB 0013

SAN JUAN, PR 00901-1660

SAN JUAN, PR 00901-1660

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

1954 CAPITAL PARTNERS, LLC.

Office Address:

2116 S. BABCOCK ST

MELBOURNE

(City)

, Florida

32901

(Zip code)

FILED
OCT 18 PM 4:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

Agent for
MEMBER

(Registered agent's signature)

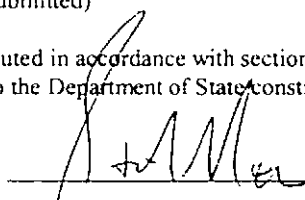
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: SCOTT MARR	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2116 S BABCOCK ST	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	MELBOURNE, FL 32901	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

SCOTT MARR

Typed or printed name of signer

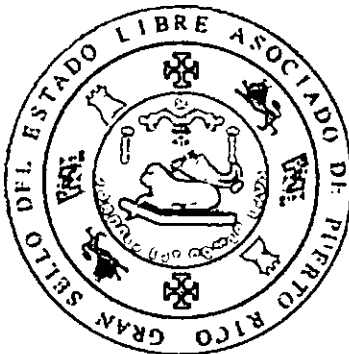


Government of Puerto Rico

CERTIFICATE OF GOOD STANDING

I, **Omar J. Marrero Diaz**, **Secretary of State** of the Government of Puerto Rico,

CERTIFY: That, pursuant to Puerto Rico's General Law of Corporations, **WALLABY HOLDINGS L.L.C.**, register number **474267**, a **for profit domestic** Limited Liability Company organized under the laws of Puerto Rico on **October 8, 2021**, is in good standing until **April 15, 2022**, date on which its first Annual Fee is due.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **October 13, 2021**.

A handwritten signature in black ink, appearing to read "Omar J. Marrero Diaz", is written over a horizontal line.

Omar J. Marrero Díaz
Secretary of State

To validate this certificate go to:

<http://estado.pr.gov/>

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.

Certificate Validation Number: **429631-35909069**