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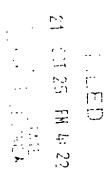
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COVER LETTER

то:	Registration Section Division of Corporations					
SUBJEC	XYZ COMPANY REAL ESTATE LLC					
SUBJE	Name of Limited Liability Company					
The encl Existence	losed "Application by Foreign Limited Liability ee, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florid				
Please re	eturn all correspondence concerning this matter	to the following:				
	Thomas John Clark					
		Name of Person				
	XYZ COMPANY REAL ESTATE L	,LC				
		Firm/Company				
	141 Overlook Drive					
		Address				
	Greenville, NH 03048					
		City/State and Zip Code				
	XYZcompanyRealEstate@gmail.com					
	E-mail address: (to l	be used for future annual report notification)				
For furth	ner information concerning this matter, please c	all:				
	Thomas John Clark	603				
	Name of Contact Person	Area Code Daytime Telephone Number				
	Mailing Address: Registration Section	Street Address: Registration Section				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$ \$125.00 Filing Fee \$130.00 Filing F Certificate	PARTMENT OF STATE See & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate				

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:

(Name of Poleign	Limited Liability Company, must include "Limited	Liability Com	ipany," "L. L. C.," or "LLC")	· · · · · · · · · · · · · · · · · · ·
name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida. The alterna	ite name must include "Limited Lia	bility Company," "L.I. C," or "LLC
NH		87-	2571766	
	hich foreign limited liability company is organized)	3		r, if applicable)
,				
•	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration) ine penalty habili	ry)	
3102 9th Ave, W Brad			2 9th Ave, W Bradenton	
reet Address of Principal Office)		6	(Mailing Address)	
				21
				21 (
Name and street address	ss of Florida registered agent: (P.O. Box		ntable)	21 CH
Name and street address	ss of Florida registered agent: (P.O. Box		ptable)	21 0:1 25
Name and street address	_		otable)	m on in
Name and street address	ss of Florida registered agent: (P.O. Box Owen Sokolof, Esquire	NOT accep	otable)	
	Owen Sokolof, Esquire		ptable)	- 17. 22 (平) - 第5 年
	_	NOT accep	otable)	
Name:	Owen Sokolof, Esquire	NOT accep	 33401	- 17. 22 (D) - 第5 年
Name:	Owen Sokolof, Esquire 224 Datura Street, Suite 515	NOT accep		- 17. 22 (D) - 第5 年

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Thomas Name: _____ □ Manager Address: 141 overlage □Member □Member Address: ______ Greanille ☐ Authorized ☐ Authorized Person Person □Other □Other _____ □Other___ □Other □Manager Name: ______ Name; ______ □ Manager ☐ Member ☐ Member Address: Address: □ Authorized □ Authorized Person Person □Other _____ □Other _____ Other Other____ Name: Name: □ Manager □Manager Address: ________ □Member □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. 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

Typed or printed name of signee

State of New Hampshire Department of State

CERTIFICATE

1, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that XYZ COMPANY REAL ESTATE LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on September 09, 2021. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business 1D: 880553

Certificate Number: 0005458592



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 22nd day of October A.D. 2021.

William M. Gardner Secretary of State