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	Foreign Limited Liability Company		
ter the ema annual re	Fax Number : (855)330-1010 ail address for this business entity to be use port mailings. Enter only one email address p	ed for future	D
From:	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803		
To:	Division of Corporations Fax Number : (850)617-6383	202 Tal	
	From: ter the ema annual re Email Add	Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 ter the email address for this business entity to be use annual report mailings. Enter only one email address p Email Address:	Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:

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2021 NOV 18

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

IN COMPLIANCE WITH SECTION 695.6902, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, Kupplin Worldw	ride LLC					
(Name of Foreign)	Limited Liability Company; must include "Limite	ed Liability (Company,""L.L.C.," or "LLC.")			
(If name unavailable, enter alternate n;	ame adopted for the purpose of transacting busitess in Fle	orida. The alte	mate name must include "Limited Liability	Company," "L.L.C." or "LEC	0.17)	
, Washingtoi	n		46-0660863			
	ich foreign limited liability company is organized)		(FEI number, if	applicable)		
1						
···	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) une penalty lia	bility)	—		
ູ 7901 4th St N		6.	10900 Resear			
(Štreet Address of P	mneipal Office)		(Mailing Address)			
STE 300		(Suite 160C-40			
St. Petersburg FL 33702		I	Austin TX 78759 🛼 🚬			
7. Name and street addres	<u>s</u> of Florida registered agent: (P.O. Box	- x <u>NOT</u> ac	ceptable)	SECRETARY	<u> </u>	
Name:	Registered Agent	ts Ind	<u>. </u>	1	rn rn	
Office Address:	7901 4th St N ST	E 30	0	4 3: 17 STATE L ORIDA	U	
	St. Petersburg		5000 Blorida 33702	> 7		

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.

(City)

(Zip code)

Bee H (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]:

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••

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: Anila Moledina	🗌 Manager	Name:	
Member	Address: 7901 4th St N STE 300	🔲 Member	Address:	
Authorized	St. Petersburg FL 33702	Authorized		
Person		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:	<u></u>
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.

Riber Park. Signature of an authorized person

Riley Park

Typed or printed name of signee



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