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To:

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

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

C 2.1	Address:			
Email	Address:			

Foreign Limited Liability Company 1893 N Haverhill LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

S. HAWKES

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

	tine adolited to the building in nationalist position in con-	da. The alternate name must include "Limited Liability Company," "E.L.	, IM LL		
New Mexic	0	⁸⁷⁻³⁷⁴⁹⁶⁸³			
(Jurisdiction under the law of w	neh foreign limited liability company is organized)	(FEI number, if applicable)			
, <u></u>	Due for trape and human in Florida if pour to a	systemion I			
7901 4th S	(Date first transacted business in Florida, if prior to re- iSee sections 605,0904 & 605,0905, F.S. to determine 2 † N	7901 4th St N			
(Street Address of		6. (Mailing Address)			
STE 300		STE 300			
St. Petersb	urg FL 33702	St. Petersburg FL 33702			
Name and street address	is of Florida registered agent: (P.O. Box	NOT acceptable)	2°2		
	Northwest Registered Age	ent LLC			
Name:			_*		
Name: Office Address:	7901 4th St N STE	E 300	. 8 TP		
		三 300 Florida 33702	8 FH 3: 23		

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Lothar Miller Name: Manager Manager | 7901 4th St N STE 300 Member Member | Address: St. Petersburg FL 33702 Authorized Authorized Person Person Other____ Other_____ Other Other Name: Manager | Manager Address: ______ Member Address: Member Authorized Authorized Person Person Other____ Other____ Other_ Other Name: Manager Manager Address: ______ Member Address: Member ☐ 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 Morgan Noble

Lyped or printed name of signee



Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

1893 N Haverhill LLC 6661319

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

Limited Liability Company Act

53-19-1 to 53-19-74 NMSA 1978

having filed its Articles of Organization on November 26, 2021, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: December 1, 2021

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.

Maggie Joulouse Oliver
Secretary of State

STATE OF THE STATE

Certificate Validation #: 0058453

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Validation option on the Business Fifing System at https://portal.sos.state.nm.us/bfs/online and following the instructions displayed under Certificate Validation.