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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone

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.\*\*

Email Address:

## **Foreign Limited Liability Company** Ultimate Host LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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Help 8. HAWKES

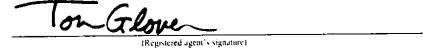
DEC \_ = 2021

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

, Ultimate Ho	SINESS INTHE STATE OF FLOI S <b>t LLC</b>				
The Nightfal	I Group LLC				
California  (Jurisdiction under the law of which foreign limited liability company is or		3.	183-4479065 (FEI number, 17 ap		
4.	(Date first transacted business in FI (See sections 605 0904 & 605,090)	lenda, if prior to registration 5. F.S. to determine penalty	) liability)	-	
<sub>5.</sub> 7901 4th S		6.	7901 4th St N		
STE 300			STE 300		
St. Petersburg FL 33702			St. Petersburg FL 33702		
7. Name and street address	<u>s</u> of Florida registered agent	: (P.O. Box <u>NOT</u> :	acceptable)	7 - Pro-	
Name:	Northwest Regist	ered Agent L	LC		
Office Address:	7901 4th St	N STE 3	00_	21 PH	
	St. Petersbu	urg <sub>(City)</sub>	. Florida 33702	PH 12: 08	
Registered agent's accep	tance:				

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.



☑Manager ☑Member ☑Authorized	Name: Mokhtar Jabli Mokhtar			
	7001 Ath Ct N CTE 200	Manager	Name:	· · · · · · · · · · · · · · · · · · ·
Authorized	Address: 7901 4th St N STE 300	Member	Address:	
	St. Petersburg, FL 33702	Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	
Member	Address:	Member	Address:	<b>.</b>
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:	Manager	Name:	
☐Member	Address:	Member	Address:	
Authorized		Authorized		
Person	448	Person	<u></u>	
Other	Other	Other		Other
9. Attached is a cer jurisdiction under the translator mu	is executed in accordance with section 605.0202 iment to the Department of State constitutes a thi	orida Department of St duly authenticated by t e is in a foreign langua 3 (1) (b), Florida Statut	ate Annual Rep he official havi ge, a translatio es. I am aware ovided for in s.3	ng custody of records in the n of the certificate under oath that any false information

Typed or printed name of signee



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: ULTIMATE HOST LLC

 File Number:
 201910710253

 Registration Date:
 04/12/2019

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of December 16, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

SEA LIFORNIA

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 17, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: R3754GZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <a href="mailto:bebizfile.sos.ca.gov/certification/index">bebizfile.sos.ca.gov/certification/index</a>.