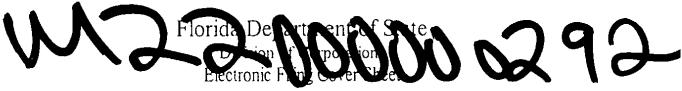
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

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

kentmatthes@yahoo.com Email Address:

## Foreign Limited Liability Company 28 Consulting LLC

Certificate of Status	1
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S. FRANKLIN JAN 0 6 2022

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

			te name must include "Liniced Liability		
Delaware  (Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)		
(Jurisdiction under the law of wh	nch loreign limited liability company is organized)		(1 t) numoct, 11 t		
				122.	
	(Date first transacted business in Florida, if prior to re (See sections 60) 0901 & 605 0905, F.S. to determin	gistration )		2022 JAN TALLER	
3701 Finch St.				25	
et Address of Principal Office)		6	(Mailing Address)	,	
				PH I2:	
Orlando, Florida 32803		Orla	ndo, Florida 32803	77.7	
	s of Florida registered agent: (P.O. Box Kent Matthes	<u>NOT</u> accep	stable)		
Name:					
	3701 Finch St.				
Office Address:					

(((H22000005590 3)))

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	<u>.</u>	Name and Address:
□Manager	Name: Kent Matthes	□Manag <b>e</b> r	Name:	
■Member	Address: 3701 Finch St.	□Member	Address:	
□Authorized	Orlando, Florida 32803	□Authorized		
Person		Person		
Other	Other	□Other		□ Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	2022
□Authorized		□ Authorized	·	جي نثر
Person		Person		·
Other	Other	Other	<del></del>	Other PR 12:
				57
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		$\Box$ Authorized		
Person		Person		
Other	□Other	□Other	<del></del>	□ 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.

Marine Ma			
	Signature of an authorized person		
Kent Matthes			
	Typed or printed name of signee		

(((H220000055903)))

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## Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "28 CONSULTING LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "28 CONSULTING LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "28 CONSULTING LLC" WAS FORMED ON THE NINTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

6379229 8300E

SR# 20220031633 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202319207

Date: 01-05-22