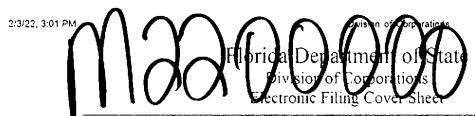


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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)573-3996 Fax Number : (954)208-0845

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

Email Address:_

22 FEB -3 PM 1:3

Foreign Limited Liability Company CASIMIR SERVICES LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS AN THE STATE OF FLORIDAL CASIMIR SERVICES LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company" "L.E.C.," or "LLC") (If name unavailable, either alternate name adopted for the purpose of high secting featiness in Florida. The alternate name must include "Limited Feathfully Company," "C.L.C." or "LLC" or "LLC" (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, (Camplicable) (Date first transacted business in Fluida of prior to registration). (See sections 605-6904 & 605.0905; F.S. to determine penalty liability). 2850 Tigertail Avenue, Suite 525 2850 Tigertail Avenue, Suite 525 (Street Address of Principal Office) Miami, Florida 33433 Miami, Florida 33133 7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable) C.T. Corporation System. Name: 1200 South Pine Island Road Office Address: Plantation ____. Florida .

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.

By	CT Corporation System Muddle Helling		
<u> </u>	(Registated agent's signa	dure)	

From: James Tanks III

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 (5) total]:				
Title or Canacity:		Name and Address:	Title or Capacity:		Name and Address:
☑Manager	Name: _	James Goetz	∑Manager	Name: _	Geoff Sweedlin
□Member	Address:	2850 Tigertail Ave, Suite 525	☐ Member	Address:	2850 Tigertail Ave, Suite 525
□Authorized		Miann, Florida 33133	☐ Authorized		Miani, Florida 33133
Person			Person		
□Other		☐Other	()ther		IOther
□Manager	Name: _		□Manager	Name: _	
□Member	Address:		Member	Address:	
□Authorized			= Authorized		
Person			Person		
□Other		□Other	□Other		□Other
□Manager	Name: _		□ Manager	Name: _	
□Member	Address:		_ Member	Address	
□Authorized			☐ Authorized		
Person			Person		
□Other	.		_Other		_Hither

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.

V		
70	Signature of an authorized person	
Jennier Love		



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CASIMIR SERVICES 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2022.

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

Authentication: 202536503

Date: 01-31-22