## M22000000545

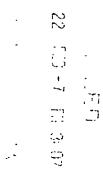
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



100378322261

02/07/22--01044--014 \*\*130.00



T. LEMIEUX FEB 1 7 2022

## **COVER LETTER**

то:

то:	Registration Section Division of Corporations				
~*···	S.C/P.	BOLUS THE PROPOFOL LLC			
SUBJI	ECT:	Name of Limited Liability Company			
The en Exister	closed "Application by Foreignice, and check are submitted to	n Limited Liability Company for Authorization to Transact Business in Florida," Certificate of register the above referenced foreign limited liability company to transact business in Florida.			
Please	return all correspondence con-	cerning this matter to the following:			
	LOVETTE DOBS	ON			
		Name of Person			
		Firm/Company			
	17350 STATE HW	/Y 249 #220			
Address					
HOUSTON, TX 77064					
		City/State and Zip Code			
	EFILE1234@INCF	LE.COM			
	E	-mail address: (to be used for future annual report notification)			
For fu	ther information concerning th	nis matter, please call:			
LOVETTE DOBSON		1 888-462-3453 at ( )			
	Name of C	ontact Person Area Code Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
		to: FLORIDA DEPARTMENT OF STATE			
	\$125.00 Filing Fee	S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy			

## 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware			name must include "Limited Li	•	-	., 01 141
		3				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI nun	nber, if applic	able)	
	(Date first transacted business in Florida, if prior to regis	tration.)				
	(Date first transacted business in Florida, if prior to regis (See sections 605.0904 & 605.0905, F.S. to determine p					
1100 Brickell Bay Dr.	Apt 34k	1100 6.	Brickell Bay Dr Apt	34k		
(Street Address of	Principal Office)	<u> </u>	(Mailing Ad	dress)	-	
Miami, FL 33131		Mian	ni, FL 33131			
					22	
			•	-	-17	
Name and street address	ss of Florida registered agent: (P.O. Box N	<u>OT</u> accept	able)		C3	
					-1	177
	LEGALINC CORPORATE SERVICES I	NC.			<u>=</u> :	$\supset$
Name:			_		بب	
007 411	5237 SUMMERLIN COMMONS, SUITE	E 400			0.7	
Office Address:	***************************************		_			
	FORT MYERS		33907 . Florida			
			(Zip co			

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Stephanie Maxwell Name: \_\_\_\_\_ Manager Manager Manager Member Address: \_\_\_\_\_ ■ Member Address: 1100 Brickell Bay Dr, Apt 34k Authorized Authorized Miami, FL 33131 Person Person Other\_\_\_\_ Other\_\_\_\_\_ Other \_\_\_\_ Other\_ Name: \_\_\_\_\_ ■ Manager Manager Name: \_\_\_\_\_ Address: Member Member Address: \_\_\_\_\_ Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_\_ Other Other Name: \_\_\_\_\_ Name: \_\_\_\_\_ Manager | Manager Member | Address: Member Address: 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. tenhanie Madwell

Stephanie Maxwell

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "BOLUS THE PROPOFOL 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 SAID "BOLUS THE PROPOFOL LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2021.

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

Authentication: 202527196

Date: 01-31-22