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Florida Department of State
Division of Corporations
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To:
        Division of Corporations
        Fax Number      : (850)617-6383

From:

        Account Name    : CORPORATE CREATIONS INTERNATIONAL INC.
        Account Number  : 110432003053
        Phone           : (561)694-8107
        Fax Number      : (561)214-8442

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

    Email Address:_____
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Foreign Limited Liability Company
Michelle Lin Greenip LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	$160.00

S. HAWKES

FEB - 2021

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:

1. MICHELLE LIN GREENIP, LLC
   <u>(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.")</u>

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware
   (Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A
   (FEI number, if applicable)

4. Upon Qualification
   (Date first transacted business in Florida, if prior to registration.)
   (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____
   (Street Address of Principal Office)

   801 US Highway 1

   North Palm Beach, FL 33408

6. _____
   (Mailing Address)

   801 US Highway 1

   North Palm Beach, FL 33408

7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach (City) , Florida 33408 (Zip code)

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.

Caitlin Lazarus
(Registered agent's signature)

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:
■ Manager	Name: Michelle Lin Greenip	☐ Manager	Name: _____
☐ Member	Address: 801 US Highway 1	☐ Member	Address: _____
☐ Authorized	North Palm Beach, FL 33408	☐ Authorized	_____
Person	_____	Person	_____
☐ Other_____	☐ Other_____	☐ Other_____	☐ Other_____

☐ 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_____	☐ Other_____	☐ 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.

/s/ Michelle Lin Greenip
_____
Signature of an authorized person

Michelle Lin Greenip
_____
Typed or printed name of signee

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MICHELLE LIN GREENIP, 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 THIRD DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MICHELLE LIN GREENIP, LLC" WAS FORMED ON THE THIRD DAY OF MARCH, A.D. 2022.

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

Jeffrey W. Bullock, Secretary of State

6650634 8300

SR# 20220871410

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

Authentication: 202817775

Date: 03-03-22