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#### **COVER LETTER**

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TO:

| 13 Lames, LLC                                    |  |  |
|--|--|--|
|  | e of Limited Liability Company   |  |
|  | Company for Authorization to Transact Business in Florida," Certi referenced foreign limited liability company to transact business in |  |
| turn all correspondence concerning this matter t | o the following:   |  |
| Patrick B Guglielmo                              |  |  |
|  | Name of Person   |  |
| 13 Lames, LLC                                    |  |  |
|  | Firm/Company   |  |
| 10 SW South River Dr. Ste 1201                   |  |  |
|  | Address  |  |
| Miami, FL 33130                                  |  |  |
| C  | City/State and Zip Code  |  |
| 131.arnesllc@gmail.com                           |  |  |
| E-mail address: (to be                           | e used for future annual report notification)  |  |
| er information concerning this matter, please ca | 11:  |  |
| Patrick Guglielmo                                | 718 964-8545   |  |
| Name of Contact Person                           | Area Code Daytime Telephone Number   |  |
| Mailing Address:                                 | Street Address:  |  |
| Registration Section                             | Registration Section   |  |
| Division of Corporations                         | Division of Corporations   |  |
| P.O. Box 6327                                    | The Centre of Tallahassee  |  |
| Tallahassee, FL 32314                            | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303  |  |
| Enclosed is a check for the following amount:    |  |  |

## 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:

| name unavailable, enter alternate i | name adopted for the purpose of transacting business in Flo   | rida. The alternate name must include "Limited Li | iability Company," "L.L.C," or "L   |
|-------------------------------------|---|---|-------------------------------------|
| South Carolina                      |   | 47-1768812<br>3.                                  |                                     |
| (Jurisdiction under the law of w    | hich foreign limited liability company is organized)  | (FEI numb   | oer, if applicable)                 |
| as of this filing                   |   |   |                                     |
|                                     | (Date first transacted business in Florida, if prior to re<br>(See sections 605 0904 & 605,0905, F.S. to determin | gistration.)<br>e penalty liability)              | <del></del>                         |
| Patrick Guglielmo                   |   |   |                                     |
| eet Address of Principal Office)    |   | 6. (Mailing Address)                              | ··                                  |
| 10 SW South River Dr.               | # 1201  | same  |                                     |
| Miami, FL 33130                     |   |   | - ~2                                |
| Name and street addres              | s of Florida registered agent: (P.O. Box  | <u>NOT</u> acceptable)                            | ECCRETARY<br>BECRETARY<br>PALLAHASS |
| Name:                               | Patrick Guglielmo   |   | B PH                                |
| Office Address:                     | 10 SW South River Dr, Suite 1201  |   | B PHIZ: 11                          |
|                                     |   |   |                                     |

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.

(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: Patrick Guglielmo       | □Manager           | Name: Eric Snyder |  |
| □Member            | Address: 10 SW South River Dr | ■Member            | Address:          |  |
| □Authorized        | Suite 1201                    | □Authorized        | Suite 1201        |  |
| Person             | Miami, FL 33130               | Person             | Miami, FL 33130   |  |
| □Other             | Other                         | □Other             | Other             |  |
| □Manager           | Name:                         | □Manager           | Name:             |  |
| □Member            | Address:                      | □Member            | Address:          |  |
| □Authorized        |                               | □Authorized        |                   |  |
| Person             |                               | Person             |                   |  |
| □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.

Patrick B Guglielmo

# The State of South Carolina



## Office of Secretary of State Mark Hammond

### Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

13 LARNES, LLC, a limited liability company duly organized under the laws of the State of South Carolina on July 2nd, 2013, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 31st day of January, 2022.

Mark Hammond, Secretary of State