## M2200004500

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

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: Ingenius Hol  | Name of Limited Liability Company   |
| The enclosed "Application by Foreign Limited I   | Liability Company for Authorization to Transact Business in Florida, "Certificate of the above referenced foreign limited liability company to transact business in Florida.              |
| Please return all correspondence concerning this   | i matter to the following:  |
|  | Lee Name of Person  |
|  | Name of Person  |
| Ingenms tol  | days LCC & SDL Rentals LLC Firm/Company   |
| 456 East Cl  |   |
|  | Address   |
| Manderille   | LA 70448  |
|  | City/State and Zip Code   |
| SDL RENTAL<br>E-mail addre   | S @ gmail.com ess: (to be used for future annual report notification)   |
| For further information concerning this matter,  | please call:  |
| Steve Cee  | at (314) 952-5171   |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303  |
| Cc /   | mount:  DA DEPARTMENT OF STATE  Filing Fee & S155,00 Filing Fee & S160,00 Filing Fee, Certificate rifficate of Status Certified Copy  Of Status & Certified Copy  Pady Sent in Previously |

1

## 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 L<br>COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  | LABILITY     |
|---|--------------|
| 1 INGENIUS HOLDINGS LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC.," or "LLC.")  |              |
| SDL RENTAIS 110   |              |
| the date of the purpose of transacting business in Florids. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC." or "LLC."   | . <b>"</b> 1 |
| 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  3. 88 - 079 2664  (Fill number, if applicable)  | •            |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  |              |
| (See sections 605,0904 & 605,0905; F.S. to determine pensity liability)   |              |
| 5. 6   South DuPoint they Suite 102 6. 456 East Chage Ct (Street Address of Principal Office) 6. (Mailing Address)  | ı            |
| Dover DE 19901 Mandeville LA 70448  |              |
|   |              |
| 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   | F<br>F<br>D  |
| Name: Chris Coyle   | (ED)         |
| Office Address: Will Dean Riage Cherc   |              |
| Ven Beach, Florida 32963  | ł            |
| 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 ag 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. |              |
| Chris Ceryle (Registered agent's signsture)   |              |

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 □Manager Address: 456 East Chase Ct □Member □Member Address: Mandeville LA □ Authorized □ 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. 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. Signature of an authorized person Typed or printed name of signer

Page 1

## Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INGENIUS HOLDINGS 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 NINTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INGENIUS HOLDINGS LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2022.

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

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SR# 20220931860

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

Authentication: 202865564

Date: 03-09-22