

M22000005377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

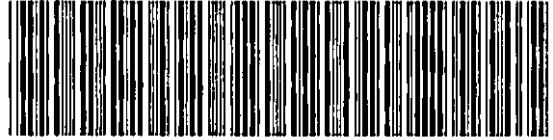
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Prof Moriarty LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Biff Godfrey

\_\_\_\_\_  
Name of Person

Godfrey Legal

\_\_\_\_\_  
Firm/Company

1000 Legion Place, 10th Floor

\_\_\_\_\_  
Address

Orlando, FL 32801

\_\_\_\_\_  
City/State and Zip Code

biff@godfreylegal.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Biff Godfrey

407

7017530

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
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:

1. Prof Moriarty LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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. Government of Puerto Rico  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 66-1001537  
(FEI number, if applicable)

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

5. 536 NE Pecos Way  
(Street Address of Principal Office)

6. 536 NE Pecos Way  
(Mailing Address)

Jensen Beach, FL 34957

Jensen Beach, FL 34957

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

Name: Biff Godfrey

Office Address: 1000 Legion Place, 10th Floor

Orlando, Florida 32801  
(City) (Zip code)

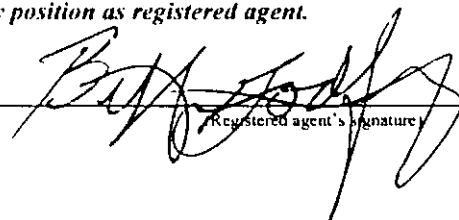
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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)

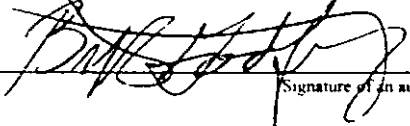
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Ryan Moriarty</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>536 NE Pecos Way</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Jensen Beach, FL 34957</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

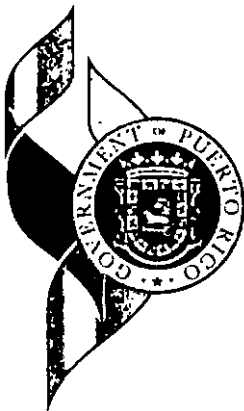
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.

  
\_\_\_\_\_  
Signature of an authorized person

Biff Godfrey

\_\_\_\_\_  
Typed or printed name of signee



## CERTIFICATE OF GOOD STANDING

I, **Omar J. Marrero Díaz**, **Secretary of State** of the Government of Puerto Rico,

**CERTIFY:** That, pursuant to Puerto Rico's General Law of Corporations, **PROF MORIARTY LLC**, register number **481462**, a **for profit domestic** Limited Liability Company organized under the laws of Puerto Rico on **February 14, 2022**, is in good standing until **April 15, 2023**, date on which its first Annual Fee is due.



**IN WITNESS WHEREOF**, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **March 10, 2022**.

**Omar J. Marrero Díaz**  
Secretary of State

To validate this certificate go to:

<http://estado.pr.gov/>

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.

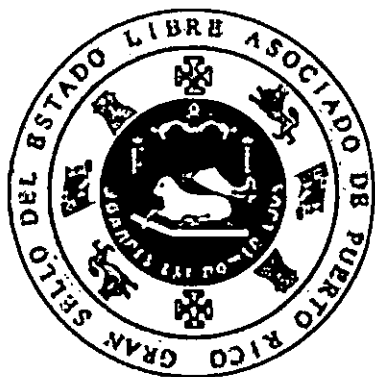
Certificate Validation Number: **450901-39658418**



## CERTIFICATE OF ORGANIZATION

I, **Omar J. Marrero Díaz**, **Secretary of State** of the Government of Puerto Rico;

**CERTIFY:** That **PROF MORIARTY LLC**, register number **481462**, is a **Domestic Limited Liability Company For Profit** organized under the laws of Puerto Rico on this **14th of February, 2022 at 10:35 AM**.



**IN WITNESS WHEREOF**, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **February 14, 2022**.

**Omar J. Marrero Díaz**  
Secretary of State



Government of Puerto Rico  
Department of State

Transaction Date: 14-Feb-2022  
Register No: 481462  
Order No: 2155050



## Certificate of Formation of a Limited Liability Company

### Article I - Limited Liability Company Name

The name of the Domestic Limited Liability Company is: **PROF MORIARTY LLC**

Desired term for the entity name is: **LLC**

### Article II - Principal Office and Resident Agent

Its principal office in the Government of Puerto Rico will be located at:

Street Address      **295 Palmas Inn Way, Ste 104 PMB354, HUMACAO, PR, 00791**  
Mailing Address     **295 Palmas Inn Way, Ste 104 PMB354, HUMACAO, PR, 00791**  
Phone                 **(501) 687-0051**

The name, street and mailing address of the Resident Agent in charge of said office is:

Name                 **Talkington, Lance**  
Street Address      **295 Palmas Inn Way, Ste 104 PMB354, HUMACAO, PR, 00791**  
Mailing Address     **295 Palmas Inn Way, Ste 104 PMB354, HUMACAO, PR, 00791**  
Email                 **lance@talkington.cc**  
Phone                 **(501) 837-0032**

### Article III - Nature of Business

This is a For Profit entity whose nature of business or purpose is as follows:

**All business activities allowed under Puerto Rico law.**

### Article IV - Authorized Persons

The name, street and mailing address of each Authorized Person is as follows:

Name                 **Moriarty, Ryan**  
Street Address      **536 NE Pecos Way, JENSEN BEACH, FL, 34957**  
Mailing Address     **536 NE Pecos Way, JENSEN BEACH, FL, 34957**  
Email                 **ryan@hbbaccountingfirm.com**

### Article V - Administrators

If the faculties of the Authorized Persons will end upon the filing of the Certificate of Formation of a Limited Liability Company, the names, physical and mailing address of the persons who will act as Administrators until the first annual meeting of the members or until their successors replace them are