## M22000005867

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PICK-UP	☐ WAIT	MAIL				
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TILTU AND MAR 31 PM 3:

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	ECT: List Rocket LLC					
Name of Limited Liability Company						
The en Exister	closed "Application by Foreign Limited Liability ace, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of e referenced foreign limited liability company to transact business in Florida.				
Please	return all correspondence concerning this matter	to the following:				
	Geraldine Fiser					
	Name of Person					
	Firm/Company					
3000 NE 2nd Ave apt 1102						
Address						
Miami, FL 33137						
City/State and Zip Code						
	geraldine.fiser@gmail.com	be used for future annual report notification)				
For fur	ther ihformation concerning this matter, please c	·				
r Or rui	ther intormation concerning this matter, please c	au:				
	Geraldine Fiser	at (_501)951-2597				
	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  \$\Bigsize \$125.00 \text{ Filing Fee} \Bigsize \$130.00 \text{ Filing Fee} \Bigsize \$155.00 \text{ Filing Fee} \Bigsize \$1560.00 \text{ Filing Fee}, \text{ Certificate Copy} \text{ of Status & Certified Copy}						

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SEC COMPANY TO TRANSACT BO List Rocket LLC 1.	THON 605.0902, FLORIDA STATUTES, THE F USINESS IN THE STATE OF FLORIDA:	<i>OLLOWING</i>	G IS SUBMITTED TO REGISTER.	A FOREIGN LIMITED LIABILITY		
(Name of Foreign	Landed Liability Company; must include "Limite	ed Liability (	lompany," "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida. The alter	mate name must include "Limited Liability	Company," "L.E.C," or "LE.C.")		
2. Delaware		3. <u>*</u>	38-1430766	430766		
Durisdiction under the law of w	hich foreign limited hability company is organized)		(FEI number, if applicable)			
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.)				
5. 3000 NE 2nd Ave apt (Street Address of				2022 SE1		
(Street Address of	Principal Office)	0	(Mailing Address)	ASS TO		
Miami, FL 33137		7	⁄tiami, FL 33137	ARY SSE		
ï				PH 3:		
7. Name and street addres	ss of Florida registered agent: (P.O. Box	- c <u>NOT</u> ac	ceptable)	20 ST		
Name:	REGISTERED AGENTS INC.					
Office Address:	Office Address: 7901 4TH ST N STE 300					
	ST PETERSBURG		33702 , Florida			
	(City)		(Zip code)	<del>_</del>		
designated in this applica to comply with the provisi	stance: gistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	is registere	ed agent and agree to act in t	his capacity. I further agree		
	Bea	= H-				
•	(Registered agent's	signature)		and the second s		

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: Techmaker Studio Inc. Your Money Geek LLC □Manager Name: \_ Name: 3000 NE 2nd Ave apt 1102 1766 Elmira St Box 180 **■**Member Address: ■Member Address: Miami, FL 33137 Savre PA 18840 □ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ □ Manager Name: □Manager Name: \_\_\_\_\_ ☐Member Address: □Member Address: □ Authorized □ Authorized Person ' Person □Other\_\_\_ □Other\_\_\_ □Other\_\_ \_\_\_\_ □ Other Name: □ Manager ■ 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. Techmaker Studio Inc - Geraldine Fiser, Co-Founder

Exped or printed name of signer

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

DELAWARE, DO HEREBY CERTIFY "LIST ROCKET 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 SIXTEENTH DAY OF MARCH, A.D. 2022.



Authentication: 202931542

Date: 03-16-22