

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000171904 3)))



H220001719043A5C-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20129000007 Phone : (702)866-2500 Fax Number : (702)900-2290

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

Email Address: documents@incorp.com

Foreign Limited Liability Company SVP DELRAY LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS MAY 1 3 2022

2022 HAT 13 PH 12: 08

COVER LETTER

| | egistration Section vision of Corporations |
|---------------------------|---|
| SUBJECT | SVP DELRAY LLC |
| 000000 | Name of Limited Liability Company |
| The enclose Existence, | ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate c and check are submitted to register the above referenced foreign limited liability company to transact business in Florid |
| Please retu | m all correspondence concerning this matter to the following: |
| | Courtney Wehrman |
| | Name of Person |
| | InCorp Services, Inc. |
| | Pirm/Company |
| | 3773 Howard Hughes Pkwy Suite 500S |
| | Address |
| | Las Vegas, NV 89169-6014 |
| | City/State and Zip Code |
| | documents@incorp.com |
| | E-mail address: (to be used for future annual report notification) |
| For further | information concerning this matter, please call: |
| Courtney W | ehrman on behalf of InCorp Services, Inc. at 800-246-2677 |
| _ | Name of Contact Person Area Code Daytime Telephone Number |
| R C p | Iniling Address: Legistration Section Division of Corporations O. Box 6327 The Centre of Tallahassee Callahassee, FL 32314 Tallahassee, FL 32303 |
| P | inclosed is a check for the following amount: lease make check payable to: PLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee |

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:

| I. SVP DELRAY LLC | | | | | | |
|--|---|--|------------------------------------|----------------|--|--|
| (Name of Forcign | Limited Liability Company; must include "Limited | d Liability Company,""L.L.C.," o | r"LLC.") | | | |
| (If name unavailable, enter oltamate e | name adopted for the purpose of transacting business in Fl | orida. The elicensis name must include | "Limited Liability Company," "L.L. | C," or "LUC.") | | |
| 2. Delaware (Turisdiction under the law of w | hich foreign limited liability company 15 organized) | 3 | (FEI number, if applicable) | | | |
| 4. Upon Registration | (Date first transacted business to Florids, if prior to (See sections 605.0904 & 605.0903, F.S. to determine | registration.) ico ponalty liability) | | | | |
| 5. 2204 Lakeshore Dr. 5. Bucat Addices of Principal Office) | | 6. 2204 Lakeshore | Dr. Suite 325 | | | |
| Birmingham, AL 35209 | | Birmingham, AL 35209 | | | | |
| | | | (A) | 282 | | |
| 7. Name and street address | s of Florida registered agent; (P.O. Box | NOT acceptable) | LLAHASseri | HAY I 3 | | |
| Name: | InCorp Services, Inc. | | | PM 4: 40 | | |
| Office Address: | 17888 67th Court North | | । (117) (2) | 0.4 | | |
| | Loxahatchee | , Florida | 3470 | | | |
| | (Cary) | (| (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.

Isabel Burgos on behalf of Incorp Services, Inc.

(Registered agent's signature)

| 8. | For initial indexing purposes, | list names, | title or capacity | and addresses | of the primary | members/managers | or persons aut | thorized to |
|----|--------------------------------|-------------|-------------------|---------------|----------------|------------------|----------------|-------------|
| mà | nage [up to six (6) total]: | | | | | | | |

| Fitle or Capacity: | Name and Address: | Title or Capacity | <u>!</u> | Name and Address: |
|--------------------|------------------------------|-------------------|-------------|-------------------|
| ■)Manager | Name: Bryan Wetta | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □Authorized | 2204 Lakeshore Dr. Suite 325 | □Authorized | | |
| Person | Birmingham, AL 35209 | Person | | |
| Other | Other | □Other | | □Other |
| | | | | |
| ☐Manager | Name: | □Mahager | Name: | |
| □Member | Address: | □Member | Address: | |
| □Authorized | | □Authorized | | |
| Person | | Person | | |
| □Other | Other | □Other | | □Other |
| | | | | |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | | 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.

Signature of an authorized person

Bryan Wetta

Typed or printed name of signer



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SVP DELRAY 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 THIRTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SVP DELRAY LLC"
WAS FORMED ON THE TWENTIETH DAY OF APRIL, A.D. 2022.

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

Authentication: 203422010

Date: 05-13-22