

MAA000010357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 6/27/2022

**\*\*WALK IN\*\***

ENTITY NAME ANTHONY INNOVATIONS, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting:* \_\_\_\_\_

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 125.00

ACCOUNT # 120160000072

*W: L D W*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Anthony Innovations, 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:

Amy Custer

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

Peterson Russell Kelly Livengood, PLLC

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

10900 NE 4th Street, Suite 1850

\_\_\_\_\_  
Address

Bellevue, WA 98004

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

acuster@prklaw.com

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

For further information concerning this matter, please call:

Amy Custer

425

990-4013

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. Anthony Innovations, 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. Nevada 85-1232523  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2022  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3626 , N Hall Street , Suite 610  
(Street Address of Principal Office)  
Dallas  
TX 75219  
6. (Mailing Address)

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

Name: Unisearch, Inc.

Office Address: 1990 Main Street, Suite 750-709

Sarasota 34236  
(City) , Florida (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.

Melissa Cig  
(Registered agent's signature)

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2022 JUL -5 AM 11:59  
STATE DEPT OF TREASURY  
TALLAHASSEE, FLORIDA

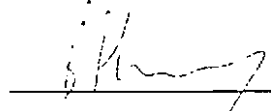
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: Benjamin Anthony                  | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member             | Address: No 68, Keon Parade, Thomastown | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | Victoria, Australia 3074                | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | _____                                   | Person                               | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br>  |   |                                      |                                      |
| <input checked="" type="checkbox"/> Manager | Name: Drew Anthony                      | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member             | Address: No 68, Keon Parade, Thomastown | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | Victoria, Australia 3074                | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | _____                                   | Person                               | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br>  |   |                                      |                                      |
| <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

Benjamin Anthony

\_\_\_\_\_  
Typed or printed name of signer

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Anthony Innovations, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 05/27/2020, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/27/2022.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B202206272782026

You may verify this certificate  
online at <http://www.nvsos.gov>