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CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000195
·	REFERENCE	:	803940 4311863
	AUTHORIZATION	:	Smillelenan
	COST LIMIT	:	\$ 455-60
ORDER DATE : Ju	ly 14, 2022		
ORDER TIME : 2	:05 PM		
ORDER NO. : 80	3940-005		
CUSTOMER NO:	4311863		
		-	
	FOREIGN F	ILIN	NGS
NAME:	EAGLES SACRED	SPA	ACE LLC
XXXX QUALIFICAT	ION (TYPE: <u>LI</u>	<u>[</u>]	
PLEASE RETURN TH	E FOLLOWING AS	PRO	OOF OF FILING:
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EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	Eagles Sacred Space LLC		
		ame of Limited Liability Company	
		ty Company for Authorization to Transact Business in Florida," Certificate of ve referenced foreign limited liability company to transact business in Florida	
Please re	eturn all correspondence concerning this matte	er to the following:	
	Ivy M. Shapiro, Paralegal		
		Name of Person	
	Blank Rome LLP		
Firm/Company			
		Address	
	Philadelphia, PA 19103		
		City/State and Zip Code	
	brettltd@icloud.com		
	E-mail address: (to	be used for future annual report notification)	
For furth	ner information concerning this matter, please	call:	
	Ivy M. Shapiro	215 569-5784	
	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	
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D \$125.00 Filing Fee \$130.00 Filing Certificat	EPARTMENT OF STATE	

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Eagles Sacred Space		-					
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability Compa	ny," "L.L.C.	" or "LLC.")		-	_
(If name unavailable, enter alternate t	name adopted for the purpose of transacting business in I	lorida The alternate	name must incl	ude "Limited Liabili	ity Company," "I	lC," of '	_ 'Ll.C."ı
Delaware 2.		3. 88-3	094484				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	• • •		(FEI number, i	f applicable)		_
Not Yet Doing Busin		•					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration) nine penalty liability)	·		_ _		
5380 Gulf of Mexico				exico Drive, S			
5. (Street Address of Principal Office)		o	failing Address	×)			_
Longboat Key, FL 34228		Longb	ooat Key,	FL 34228			_
					e -4	212	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> accepta	błe)			11 JUL 14	- (37-E)
Name:	Corporation Service Company				636 T	A H 9	, ,-
Office Address:	1201 Hays Street					9: 26	
	Tallahassee		, Florida _	32301			
	(City)			(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.

Corporation Service Company

By: Clexus Walnd assistan + va president
(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Brett Enright	■Manager	Name: Kimberly Enright
□Member	Address: 5380 Gulf of Mexico Drive	□Member	Address: 5380 Gulf of Mexico Drive
□Authorized	Suite 105	□Authorized	Suite 105
Person	Longboat Key, FL 34228	Person	Longboat Key, FL 34228
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

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.

DocuSigned by:	
BFC57U295UBA462	Signature of an authorized person
Brett Enright, Manager	
	Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EAGLES SACRED SPACE 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 FIFTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EAGLES SACRED SPACE LLC" WAS FORMED ON THE FIRST DAY OF JULY, A.D. 2022.

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



Authentication: 203837018

Date: 07-05-22

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