

M22 0000 12076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

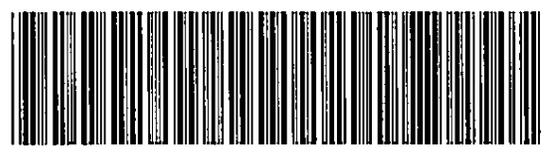
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000391442250

07/25/22--01031--004 --125.01

2022 JUL 26 PM 3:35

S. FRANKLIN
AUG - 3 2022

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. LEVIATHAN GROUP LIMITED, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

LEVIATHAN GL, 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. WYOMING (Jurisdiction under the law of which foreign limited liability company is organized)
3. 88-2260000 (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. 175 SW 7TH STREET, SUITE 2000 (Street Address of Principal Office)
6. 175 SW 7TH STREET, SUITE 2000 (Mailing Address)
MIAMI, FL 33130 MIAMI, FL 33130

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

Name: JOHN PAUL ARCIA, P.A.
Office Address: 175 SW 7TH STREET, SUITE 2000
MIAMI, Florida 33130
(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.

(Registered agent's signature)

2022 . 26 P. 3: 25

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: Manager
Name and Address: Name: JOHN PAUL ARCIA
 Address: 175 SW 7TH STREET
 SUITE 2000
 MIAMI, FL 33130
 Member
 Authorized Person
 Other

Title or Capacity: Manager
Name and Address: Name: JOSEPH ARCIA
 Address: 175 SW 7TH STREET
 SUITE 2000
 MIAMI, FL 33130
 Member
 Authorized Person
 Other

Manager
Name and Address: Name: RENNI EICOFF
 Address: 175 SW 7TH STREET
 SUITE 2000
 Authorized Person
 MIAMI, FL 33130
 Member
 Other

Manager
Name and Address: Name: _____
 Address: _____
 Member
 Authorized Person
 Other

Manager
Name and Address: Name: _____
 Address: _____
 Member
 Authorized Person
 Other

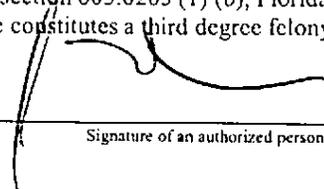
Manager
Name and Address: Name: _____
 Address: _____
 Member
 Authorized Person
 Other

2021.11.26 PM 3:28

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
 JOHN PAUL ARCIA

 Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Leviathan Group Limited, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 30, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000748081**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of July, 2022 at 11:37 AM. This certificate is assigned ID Number 053916926.



Edward A. Buchanan
Secretary of State

2022-07-26 P11:37:35