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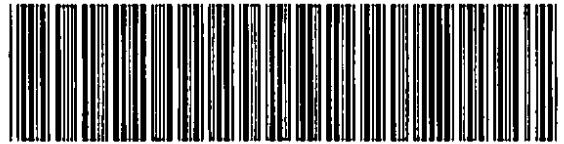
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S. FRANKLIN

AUG 23 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lift Capital Lake Worth, 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:

Skylar Long

Name of Person

Lift Capital Lake Worth

Firm/Company

6425 Talking Tree Ct

Address

Cumming, GA 30028

City/State and Zip Code

skylar@jbs-capital.com

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

For further information concerning this matter, please call:

Skylar Long

912

663-1828

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

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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. Lift Capital Lake Worth 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. Georgia 88-3422003
(Jurisdiction under the law of which foreign limited liability company is organized) (EFF number, if applicable)

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

5. 6425 Talking Tree Ct 6425 Talking Tree Ct
(Street Address of Principal Office) (Mailing Address)
Cumming, GA 30028 Cumming, GA 30028

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

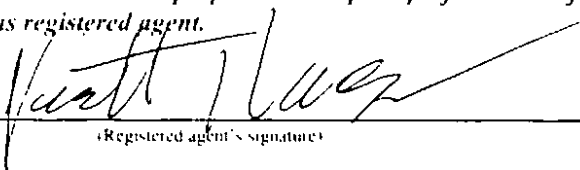
Name: Jarrett Nease

Office Address: 2025 S Ocean Dr

Fort Pierce 34949
(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.


(Registered agent's signature)

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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 type="checkbox"/> Manager | Name: <u>Skylar Long</u> | <input type="checkbox"/> Manager | Name: <u>Jarrett Nease</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>6425 Talking Tree Ct</u> | <input checked="" type="checkbox"/> Member | Address: <u>2025 S Ocean Dr</u> |
| <input type="checkbox"/> Authorized | <u>Cumming, GA 30028</u> | <input type="checkbox"/> Authorized | <u>Fort Pierce, FL 34949</u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other | <u></u> | <input type="checkbox"/> Other | <u></u> |
| <input type="checkbox"/> Manager | Name: <u>Brian Bennett</u> | <input type="checkbox"/> Manager | Name: <u></u> |
| <input checked="" type="checkbox"/> Member | Address: <u>3894 N Cooper Lake Rd SE</u> | <input type="checkbox"/> Member | Address: <u></u> |
| <input type="checkbox"/> Authorized | <u>Smyrna, GA 30082</u> | <input type="checkbox"/> Authorized | <u></u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other | <u></u> | <input type="checkbox"/> Other | <u></u> |
| <input type="checkbox"/> Manager | Name: <u></u> | <input type="checkbox"/> Manager | Name: <u></u> |
| <input type="checkbox"/> Member | Address: <u></u> | <input type="checkbox"/> Member | Address: <u></u> |
| <input type="checkbox"/> Authorized | <u></u> | <input type="checkbox"/> Authorized | <u></u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other | <u></u> | <input type="checkbox"/> Other | <u></u> |

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.

Skylar Long
Signature of an authorized person
SKYLAR LONG
Typed or printed name of signer

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Lift Capital Lake Worth, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima facie evidence that said entity is in existence or is authorized to transact business in this state.

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Docket Number : 23617402
Date Inc/Auth/Filed: 07/07/2022
Jurisdiction : Georgia
Print Date : 08/15/2022
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2022

SKYLAR LONG
6425 TALKING TREE CT
CUMMING, GA 30028 US

SUBJECT: LIFT CAPITAL LAKE WORTH, LLC
Ref. Number: W22000101491

We have received your document for LIFT CAPITAL LAKE WORTH, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 022A00017502

RECEIVED
AUG 23 2022