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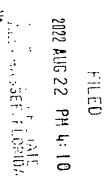
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COVER LETTER

TO:

Registration Section

	vision of Corporations Nichols Keys, LLC					
SUBJECT:						
The enclose Existence, a	ed "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida				
Please return	n all correspondence concerning this matter t	to the following:				
	James Nichols					
		Name of Person				
		Firm/Company				
	7 Trowbridge Court					
	Address					
	Simpsonville, SC 29681					
	C	City/State and Zip Code				
	3cutiger@bellsouth.net					
	E-mail address: (to be	e used for future annual report notification)				
For further i	information concerning this matter, please ca	D:				
Jar	mes Nichols	864 787-9016 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				
Ple	closed is a check for the following amount: case make check payable to: FLORIDA DEP \$125.00 Filing Fee	re & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate				

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:

Nichols Keys LLC	Limited Liability Company; must include "Limite	d Liability Company ""L.L.C.," or "LLC.")
(Hame of Follows	annica maziniy company, main medde amino	
If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	orida The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
South Carolina		88-3399788 3.
(Jurisdiction under the law of w	which foreign limited liability company is organized)	3. (FEI number, if applicable)
·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.)
201 East Ocean Drive	(See sections 605.0904 & 605.0905, F.S. to determ	7 Trowbridge Court 6. (Mailing Address)
Street Address of Principal Office)		(Mailing Address)
Apt 2-204		Simpsonville, SC 29681
Key Colony Beach, FI	. 33051	
. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)
Name:	Hugh Nichols	
Office Address:	11097 Stanley Steamer Lane	
	Jacksonville	32246 , Florida
	(Cny)	(Zip code)
designated in this applicate to comply with the provision.	egistered agent and to accept service of patient, I hereby accept the appointment a	process for the above stated limited liability company at the place is registered agent and agree to act in this capacity. If further age and complete performance of my duties, and I am familiar with

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:	■Manager	Name: Hugh Nichols
□Member	Address: 7 Trowbridge Court	□Member	Address: 11097 Stanley Steamer Lane
□Authorized	Simpsonville, SC 29681	□Authorized	Jacksonville, FL 32246
Person		Person	
Other	Other	□Other	Other
■Manager	Name:	□Manager	Name:
□Member	Address: 1602 Leeward Road	□Member	Address:
□Authorized	Anderson, SC 29625	□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	<u>annount</u>
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

James Sichols

Typed or printed name of signee

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

NICHOLS KEYS, LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 11th, 2022, with a duration that is until December 31st, 2122, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. 33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 25th day of July, 2022.

Mark Hammond, Secretary of State