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	(Business Entity Name)				
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Certified Copies	Certificates of S	Status			
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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		PICK U	JP: <u>08/24/2022</u>
		CERTIFIED COPY PHOTOCOPY	
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1.	AA	FILING THREE SEAS NEPTUNE L	LC FOREIGN
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2.		(CORPORATE NAME AND DOCUMEN	VT #)
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COVER LETTER

SUBJECT: Three Seas Nephrae, LLL 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:
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:
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:
Please return all correspondence concerning this matter to the following:
Name of Person
Firm/Company
Address
City/State and Zip Code
Chris. Dano Ta value com
E-mail alidress: (to be used for future annual report notification)
For further information concerning this matter, please call:
at (
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations Division of Corporations
Registration Section P.O. Box 6327 Registration Section
Children Cl. 22214
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
Please make check payable to: FLORIDA DEPARTMENT OF STATE
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & }\text{\$155.00 Filing Fee & }\$\$\$\$ \$\$\$ \$\$\$\$ \$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$

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

There Seu	Neptune LL			
(Name of Forei	S Neptune Life Ign Limited Liability Company, must include	"Limited Liability Company,"	LL.C.," or "LLC.")	
unavailable, com alterna	te name adopted for the purpose of transacting busines	su in Florida. The ultimate name mu	at include "Limited Liability Compa	my," "L.L.C," or "LLC.")
North /	Quantina	_		
rediction under the law of	(U.A.S) hina (which foreign limited limbility company is organized		(FEI samber, if applica	eple)
				,
	(Date first transacted business or Florida, if (See sections 605,0904 & 605,0905, F.S. to	prior to registration.) determine poneity liability)		
30 141	A	_		
(Street Address of	At L God #14	6. 1750	HWY 160 W.	Suite 101 Box
			(included in the control of the cont	
refune 1.	Beach, F1 3226	Fort	Mill, SC	29708
77	-	-1 -1 -4	THE JULY	21100
				
me and <u>street addr</u>	ess of Florida registered agent: (P.O.	. Box NOT acceptable)	- - -	 5.9
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	C = 6 1			
Name:	CORPORATE HOUSE	the		
	Composet Access 236 & 6th A			FILED 324 P
Office Address:	156 / 61 AV	£		_ · · · · · · ·
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ered agent's acce				

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 Manager | Address: 125 W. Tremont Act #516 Member 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___ Other___ Manager Name: _____ Manager Name: _____ Member Address: Mcmber Address: Authorized Authorized 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. Nonindexed 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.



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

THREE SEAS NEPTUNE, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 17th day of August, 2022

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

of Raleigh, this 23rd day of August, 2022.

Claime 4. Marshall

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City

Secretary of State

Certification# 114148490-1 Reference# 18981352- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification