(((H22000322209 3)))



H220003222093ABCVV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 : (877)919-2613 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: EFILE1234@INCFILE.COM

Foreign Limited Liability Company PERCH PARKING, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX SEP 2 U 2022

(((H22000322209 3)))

COVERLETTER

SURJECT	PERCH PARKING, LLC Name of Limited Liability Company			
0000000				
	ed "Application by Foreign Lumited Liability Company for Authorization to Transact Business in Florida," Certificate and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.			
Please retu	n all correspondence concerning this matter to the following:			
	LOVETTE DOBSON			
	Name of Person			
	Firm/Company			
	17350 STATE HWY 249 #220			
	Address			
	HOUSTON, TX 77064			
	City/State and Zip Code			
	EFILE1234@INCFILE.COM			
	E-mail address: (to be used for future annual report notification)			
For further	information concerning this matter, please call:			
1.	Name of Contact Person			
	Name of Contact Person Area Code Daytime Telephone Number			
D Re P.	AlLING ADDRESS: vision of Corporations gistration Section D. Box 6327 Clifton Building Ilahassee, FL 32314 Classee, FL 32301 STREET ADDRESS: Division of Corporations Registration Section Clifton Building Tallahassee, FL 32301			
PI	closed is a check for the following amount: ease make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$\Begin{array}{c} \sum \$130.00 \text{Filing Fee} & \Boxed{\subset} \sum \$155.00 \text{Filing Fee} & \Boxed{\subset} \subset \$160.00 \text{Filing Fee}, \text{Certified Copy} \\ \$125.00 \text{Certified Copy} \text{of Status & Certified Copy}			

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:

(Name of Foreign	Linuted Liability Company; must include "Limite	ed Liahilie	Company "THE or "HE"		
·	, , , , , , , , , , , , , , , , , , , ,		Company Care Company		
(If name imavailable, enter attenuate	name adopted for the purpose of transacting business in Flo	orida. Else al	terrate minic must include "Landred Liability Company	""1.1 C" or "11C	
Delaware	·			72.72 () 1.62	
	shich foreign limited liability company is organized)	3			
(Jurisdiction under the law of v	shich foreign limited liability company is organized)		(FEI number, if applicable	()	
4					
	(Date first transacted business in Florida, if prior to (See sections 605 0004 & 605,0905, F.S. to determ	registration one penalty) liability)		
500 North Westshore Blvd, Suite #910 5. (Street Address of Proteinal Office)			500 North Westshore Blvd. Suite #910 (Mading Address)		
		'n.			
Tampa, Fl. 33609			Tampa, FL 33609		
	·····				
7 Numa and amount addes	over the wide and a constant to the constant t	SUST			
7. Name and suger addre	ss of Florida registered agent: (P.O. Box	C <u>NOT</u> a	(cceptable)	29	
	Ryan Shear		- ई.	FIL 2022 SEP 19	
Name:	4		- ;	<u>, </u>	
	7/40 87 (444))	ر س. ب	61. FILE	
Office Address:	500 North Westshore Blvd, Suite #910				
Office Address:			<u>.</u>		
Office Address:			33609 7 c Florida 7 (/m.code) 7 F		

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)

(((H22000322209 3)))

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Ryan Shear	☐ Manager	Name: Dylan Farlowe
■ Member	Address: 5211 West Neptune Way	Member	Address: 346 Horseman Blvd
Authorized	Tampa, FL 33609	Authorized	Sleepy Hollow, NY 10591
Person		Person	
Other	Other	Other	Other
∐Managei	Name: Dustin Karp		Name;
■Member	Address: 109 Via Aurefia		Address:
☐Authorized	Royal Palm Beach, FL 33411	Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Austin Tarlowe Name:	☐ Manager	Name:
■Member	Address:	☐ Member	Address:
Authorized	Sleepy Hollow, NY 10594	Authorized	
Person		Person	
Other	Other	Other	Other
indexed individuals 9. Attached is a cert jurisdiction under th of the translator mus 10. This document i	se an attachment to report more than six (6). To may be added to the index when filing your Flo ificate of existence, no more than 90 days old, a e-law of which it is organized. (If the certificate	he attachment will be ima orida Department of State duly authenticated by the e is in a foreign language, 3 (1) (b). Florida Statutes.	ged for reporting purposes only. No Annual Report form. official having custody of records in a translation of the certificate unde
submitted in a docui	nent to the Department of State constitutes a thi	ird degree felony as provi	ded for in 8 817,155, F.S.

Typed or printed name of signee

(((H220003222093)))

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PERCH PARKING, 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PERCH PARKING, LLC" WAS FORMED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2021.

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

Authentication: 204409675

Date: 09-16-22