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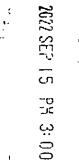
(Requestor's Name)			
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(Business Entity Name)			
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S. ROBERTS SEP 15 2022

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: BOOKING DEVILORS, 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:
Podam and Michelle Gegg Name of Person
Firm/Company
280 Horseshoe Dr. Address
Kir Kuexood, MO 63122 City/State and Zip Code
E-mail address: Jo be used for future annual report notification)
For further information concerning this matter, please call:
ACAM (ORG) at (314) 330-9319 Name of Contact Person Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee S125.00 Filing Fee Certificate of Status Certified Copy Of Status & Certified Copy

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

N COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOW COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	YING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
(Name of Foreign Limited Liability Company; must include "Limited Liability Company; must include "Liability Company; must include "Lia	ity Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida 'U	he alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C,")
(Jurisdiction under the law of which foreign limited liability company is organized)	6. <u>08-3405164</u> (H.1 number, if applicable)
(Date first transacted business in Florida, if prior to registrate (See sections 605,0904 & 605,0905, F.S. to determine penal	ion.) Iy liabilityi
5. 17751 Parama City Beach Pkwy 6 Street Address of Principal Office) Onit # 1906	. 200 HUYSOSHOR DV.
Panama City Beach, FL	Kirkuad, mo
32413	43122
7. Name and street address of Florida registered agent: (P.O. Box NOT	_acceptable) 2022 SEP
	EFF
Name: Adam Colago	· 5
Office Address: 17751 Panama City	Beach Plan #19C. 3
Panama City Beach	Florida <u>324(3</u>
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.

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: MICHELLE GEGG	□Manager	Name: Pdam Coegg
Z/Member	Address: 200 Horseshoe Dr	∄ Member	Address: 200 Horsestoe
□Authorized	Kirkwood, mo	□Authorized	Kirkwood, mo
Person	63122	Person	<u> </u>
□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:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		□Other	Other

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.

STATE OF MISSOUR



John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT. Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Beachy Ventures, LLC LC014401530

was created under the laws of this State on the 26th day of August. 2022, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 12th day of September, 2022.

Secretary of Stale

THE SUPERING SUPERING

Certification Number: CERT-09122022-0014