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	Fax Number	: (850)617-6383	
From:			
		: REGISTERED AGENTS INC.	
	Account Number		
	Phone	: (307)200-2803	٠ - ١
	Fax Number	: (855)330-1010	
	and the state of t	a far this business potity to be used	l for fútur
*Enter	the email address	s for this business entity to be used ings. Enter only one email address pl	. 101 10101

Foreign Limited Liability Company SEP Beulah Rd LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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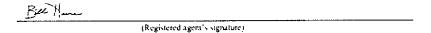
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware	name adopted for the purpose of transacting business in Flo	orida. The afternate name must include "Limited Liab $_3\ 88\text{-}3570746$	ahty Company," "L. L	C," or "LLC ")	
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to 1Sec sections (05,0904 & (405,0905, F.S. to determine	registration)			
2210 Main	Street Unit H	6. PO BOX 1799 (Mailing Address)			
Daphne AL	36526	Fairhope AL 36533	-1191 Thys	2022 SEP 30	
			•	 3 0	
Name and street address	·	AH II: 13			
Name:	Registered Agents Inc		•	ني	
Office Address:	7901 4th St N STE 300				

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Jeremy Friedman Name: □ Manager □Manager □Member Address: X Member Address: PO Box 1799 □ Authorized □ Authorized Fairhope AL 36533 Person Person □Other____ □Other ☐Other_____ □Other _____ Name: □Manager □Manager Address: □ Member Address: □Member ☐ Authorized □ Authorized Person Person □Other____ □Other___ □Other_____ □Other____ Name: _____ Name: □Manager □Manager Address: ☐ Member Address: ☐ Member □ Authorized □ Authorized

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.

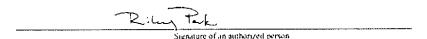
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Person

□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.



□Other_____

Person

□()ther_____

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SEP BEULAH RD 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 TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2022.

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



Authentication: 204512565

Date: 09-29-22