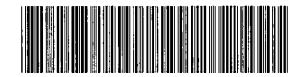


## M22000015728

(Requestor's Name)				
	(Address)			
(Address)				
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
· · · · ·	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of Status			
Certified Copies				
Special Instructions to	o Filing Officer:			





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OCT 1 3 2022 < Brumbley FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

SILENT TRAVELER LLC

PLEASE RETURN A CERTIFIED COPY

CHECK# 9409 FOR: \$310.00 (\$155.00 for this filing)

## COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	SILENT TRAVELER LLC			
		mited Liability Company		
		any for Authorization to Transact Business in Florida," Certificate onced foreign limited liability company to transact business in Florida		
Please	e return all correspondence concerning this matter to the fe	ollowing:		
	JANICE L. MILLER, ESQ.			
Name of Person				
	MILLER HAGA LAW GROUP, LLP			
	Firm/Company			
	23901 CALABASAS RD., STE. 2001			
Address				
	CALABASAS, CA 91302			
	City/State and Zip Code			
JMILLER@MILLERHAGA,COM				
	E-mail address: (to be used	for future annual report notification)		
For tur	orther information concerning this matter, please call:			
JANICE L. MILLER, ESQ.		818 591-4200 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		
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTY  \$\Boxed{\text{S130.00 Filing Fee}}\$  Certificate of State	■ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate		

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

IN COMPLEMCE WITH SECTION (05/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS INTHE STATEOFFLORIDA: SILENT TRAVELER LLC (Name of Foreign Limited Liability Company, must include "Limited Fiability Company," T.J. C., for "ELC" 1 If frame inventibile, enter alternate name adopted for the purpose of transacting business in Florids. The alternate manie most usclude "Formed Flability Company," "EFF," or "FFC" or DELAWARE Durisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 603 0904 & 605 0905, US, to determine penalty hability). 350 LINCOLN ROAD, SECOND FLOOR 350 LINCOLN ROAD, SECOND FLOOR (Street Address of Principal Office) MIAMI, FL 33139 MIAMI, FL 33139 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REGISTERED AGENT SOLUTIONS, INC. Name: 155 OFFICE PLAZA DR. SUITE A Office Address:

Registered agent's acceptance:

TALLAHASSEE

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.

Sandra Linares, Assistant Secretary
(Registered agent's algume)

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:

SIMON J. HUNT

Manager

Name:

CATALYST SPIRITS, LLC

350 LINCOLN ROAD

∃Manager	Name: SIMON J. HUNT	■Manager	Name: CATALYST SPIRITS, LLC
□Member	Address: 350 LINCOLN ROAD	□Member	Address: 350 LINCOLN ROAD
□Authorized	SECOND FLOOR	□Authorized	SECOND FLOOR
Person	MIAMI, FL 33139	Person	MIAMI, FL 33139
■Other	Other	□Other	□Other
□Manager	Name: MARK DOLLIVER	□Manager	Name:
□Member	Address: 350 LINCOLN ROAD		Address:
□Authorized	SECOND FLOOR	□Authorized	
Person	MIAMI, FL 33139	Person	
■Other_CFO		□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	C) Wher	□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.

Nignature of an authorized person

IAN H. HAGA, ESQ.

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SILENT TRAVELER 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 SEVENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SILENT TRAVELER LLC" WAS FORMED ON THE FOURTH DAY OF OCTOBER, A.D. 2022.

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

Authentication: 204574006

Date: 10-07-22