Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000356471 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

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

Email Address:\_\_\_\_

## Foreign Limited Liability Company LYNEER MANAGEMENT HOLDINGS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

S. ROBERTS

## COVERLETTER

	Lyneer Management Holdings L	.LC		
SUBJECT:		eme of Limited Liability Company		
The enclosed Existence, and	"Application by Foreign Limited Liabilit d check are submitted to register the abov	ty Company for Authorization to Transact Business in Florida," Certificate we referenced foreign limited liability company to transact business in Florida.		
Picase return	all correspondence concerning this matte	er to the following:		
	Marlene Calderon			
		Name of Person		
	InCorp Services, Inc.			
	Firm/Company			
	3773 Howard Hughes Pkwy	v Suite 500S		
		Address		
	Las Vegas, NV 89169-6014			
		City/State and Zip Code		
	managedreports@incorp.com			
	E-mail address: (to	be used for future annual report notification)		
For further in	formation concerning this matter, please	call:		
Marlene Calde	eron on behalf of InCorp Servic	es, Inc. 800-246-2677		
	Name of Contact Person	Area Code Daytime Telephone Number		
Reg Div P.C	ting Address: gistration Section vision of Corporations b. Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Plea	losed is a check for the following amount use make check payable to: FLORIDA D \$125.00 Filing Fee S130.00 Filing Certifica	EPARTMENT OF STATE		

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

IN COMPLIANCE WITH SPCTION 605,0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Lyneer Managemei	nt Holdings LLC				
(Name of Foreign I	Limited Liability Company; must include "Limi	ted Liability Company,"	"L.E.C.;" or "ELC.")		
fi'name (mavadable, enter alternøre n	ome adopted for the purpose of transacting business in	Florida. The olterrate name	must include "Limited Lability	y Company," "L.J.	C," or "U.UC."
Delaware Gurisdiction under the law of wi	nich foreign limited liability company is organized)	3	(FEI number, if	epplicable)	
10/03/2022	(Date first transacted between in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to detail	to registration.) rmine penalty liability)		<del></del>	
4104 S. Ocean Blvd		6. 4104 S.	Ocean Blvd		
Highland Beach, FL 33487		Highland	d Beach, FL 33487	7	
				<b>1</b> 1 '	2022
. Name and street addres	g of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable	)	 P-	<b>20</b> 22 bct 18
Name:	InCorp Services, Inc.			:: : :	<u> </u>
Office Address:	17888 67th Court North				52
	Loxahatchee	, F	Torida <u>33470</u>	<del></del>	
	(City)		(Zip code)		

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.

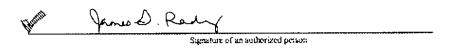
128 mg

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: James S Radvany	Manager	Name: Todd McNulty	
☐Member	Address:	□Member	Address:	
☐ Authorized	4104 S. Ocean Blvd	□ Authorized	344 NE 7TH ST	
Person	Highland Beach, FL 33487	Person	BOCA RATON FL 33432-2720	
CFO Other	☐ Other	● Other	☐ Other	
	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	CI Other	(3) 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.





Page 1

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

DELAWARE, DO HEREBY CERTIFY "LYNEER MANAGEMENT HOLDINGS 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LYNEER MANAGEMENT HOLDINGS LLC" WAS FORMED ON THE THIRTIETH DAY OF JANUARY, A.D. 2018.

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

Authentication: 204637836

Date: 10-17-22