

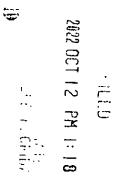
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COVER LETTER

TO:	Registration Section Division of Corporations	•	
	BOHO VENTURES, LLC		
SUBJ	ECT: Na	ame of Limited Liability Company	
The er Existe	nclosed "Application by Foreign Limited Liabilities, and check are submitted to register the above	ty Company for Authorization to Transact Business in Florida," Certificate of we referenced foreign limited liability company to transact business in Florida	
Please	return all correspondence concerning this matte	r to the following:	
	JOHN M CARR		
	Name of Person BETTER BUSINESS SERVICES, INC. Firm/Company		
	PO BOX 780637		
	Address SAN ANTONIO, TX 78278-0637 City/State and Zip Code		
	JAMES@BBSTAX.COM		
	E-mail address: (to	be used for future annual report notification)	
For fu	orther information concerning this matter, please	call:	
JOHN M CARR		210 694-7884 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:		Street Address: Registration Section	
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D \$\times \$125.00 \text{ Filing Fee} \text{\$130.00 \text{ Filing}} \text{ Certifica}	PEPARTMENT OF STATE	

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: BOHO VENTURES, LLC (Name of Foreign Limited Lability Company, must include "Limited Liability Company," "L.L.C.," or "LL.C.") (If name unavailable, enser alternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") (FEI number, if applicable) (Aurastiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if peror to registration.)
(See sections 605,0904 & 605,0903, F.S., to determine penalty liability) 533 BALMORAL RD (Street Address of Principal Office) WINTER PARK, FL 32789 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) RAYMOND HORAL Name: 533 BALMORAL RD Office Address: WINTER PARK , Florida

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 segistered agent.

(Regestered spent's signature)

(Ctty)

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: Title or Capacity: Name and Address: GIULIANA ROSSI Name: RAYMOND HORAL ■ Manager Address: ____ 533 BALMORAL RD **☑** Member **⊠**Member Address: WINTER PARK, FL 32789 WINTER PARK, FL 32789 □ Authorized □ Authorized Person Person □Other____ □Other_ □Other____ Other____ RON BOUCHER □Manager ☐Manager 2411 LAUDER DRIVE **☑** Member Address: □Member Address: _____ MAITLAND, FL 32751 □ Authorized □ Authorized Person Person Other____ □Other □Other____ Name: _____ □Manager □ Manager Address: ☐ Member Address: □ Member □ Authorized ☐ Authorized Person Person Other___ Other__ ☐Other___ Other____ Important Notice; Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 (05.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State submitted in a document to the Department of State submitted at third degree felony as provided for in s.817.155, F.S. Signature of an authorized person RAYMOND HORAL

Typed or printed memo of signes

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

DELAWARE, DO HEREBY CERTIFY "BOHO VENTURES, 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-SEVENTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOHO VENTURES, LLC" WAS FORMED ON THE NINTH DAY OF SEPTEMBER, A.D. 2022.

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

Authentication: 204494100

Date: 09-27-22

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SR# 20223632888