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Division of Corporations

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DEC = 6 2022

Help

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 RECISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. _____SKYLYTE HOLDINGS LIMITED

Skylyte Holdings, LLC	ume adopted for the purpose of transacting business in Fk	wula Ibenter	nate name must include '1 amind Linhilty Con	many """ I f " or "I f ("")
	and any or of the bullese of a marciale variation in the		nate name miss mende - thrane i thabinity con	quay. Lanc, or lace, a
British Virgin Islands		3.		
2 (Jurisdiction under the law of which foreign limited fiability company is organized)		3. (FEI number, if applicable)		
4.				
	(Date first transacted business in Florida, if prior to r (See sections 605 (2004 & 605 (2005, F.S. to determin	egistration } repealty hab	ility)	
2665 S Bayshore Drive, Suite 420 5. Istreet Address of Principal Office)			S Bayshore Drive, Suite 420	
(Street Address of Principal Office)			(Mailing Address)	~~?
Coconut Grove, FL 33133		Co	conut Grove, FL 33133	-
			******	۱ ۲۰۲
7. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acc	eptable)	6. :01.:J
				ئ
Name:	Worldwide Corporate Administrators L	.LC		
Office Address:	2330 Ponce De Leon Blvd			
	Coral Gables		33134 Florida	
	(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.

Kam Ullur Worldwide Corporate Administrators LLC By: Lauren Underwood, Attorney-in-Fact (Registered agent's signature)

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	Jamil Zaidan Name:	Manager	Name: <u>Nova Madueno Bailon</u> Address: <u>2665 S Bayshore Drive, Suite 420</u> Coconut Grove, FL 33133	
⊡Member	Address: 2665 S Bayshore Drive, Suite 420	□Member		
Authorized	Coconut Grove, FL 33133	□Authorized		
Person	<u></u>	Person		
□Other	Other	Other	Other	
Manager	Name:	Manager	Name:	
□Member	Address: 2665 S Bayshore Drive, Suite 420	□Member	Address:	
□Authorized	Coconut Grove, FL 33133	Authorized		
Person		Person	<u> </u>	
Other	Other	Other	Other	
			1 (5)	
🖹 Manager	Natalie Zaidan	□Manager	Name:	
□Member	Address: 2665 S Bayshore Drive, Suite 420	□Member	Address:	
Authorized	Coconut Grove, FL 33133	Authorized		
Person		Person		
Other	Other	①Other	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 605.0203 (1) (b). Florida Statutes, 1 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.

Lam Ulen

Signature of an authorized person

Jamil Zaidan, Manager, By: Lauren Underwood, Attorney-in-Fact

Typed or printed name of signee

