

M22000018412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

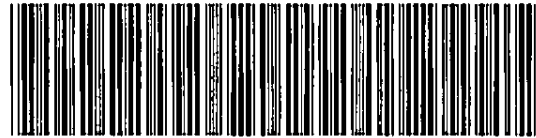
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

M22 000047973

Office Use Only



200383750832

03/21/22--01040--020 **125.00

APPROVED
AND
FILED
2022 DEC 12 PM 2:12
RECEIVED
FILING OFFICE
MONTGOMERY, ALABAMA

DEC 12 2022

K. Brumblay

F



8240 Exchange Drive, Suite C6
Orlando, Florida 32809

Telephone: (407) 850-2500
Facsimile: (407) 850-2580
www.HendersonSachs.com

Joshua M. Sachs

jms@hendersonsachs.com

Daniel S. Henderson

dan@hendersonsachs.com

Andrew M. Berland

andrew@hendersonsachs.com

April 15, 2022

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Stormheart Digital LLC

To whom it may concern,

Enclosed, please find a copy of letter number 722A00008324, the original application and the WY Articles of Organization for the above referenced entity. It should be noted, that despite what the letter indicates, the check in the amount of \$125.00 was not returned with the letter.

Please contact my office if you have any questions or concerns.

Sincerely,

/s/ Joshua M. Sachs, Esq.

Daniel S. Henderson. Esq.

JMS/mb
enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Stormheart Digital LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joshua Sachs, Esq.

Name of Person

Henderson Sachs, P.A.

Firm/Company

8240 Exchange Dr

Address

Orlando, FL 32809

City/State and Zip Code

jms@hendersonsachs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Sachs

407

8502500

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 DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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:

1. Stormheart Digital LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. WY 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1309 Coffeen Avenue STE 1200 6. 8240 Exchange Dr., Ste. C6
(Street Address of Principal Office) (Mailing Address)
Sheridan, WY 82801 Orlando, FL 32809

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Henderson Sachs, P.A.
Office Address: 8240 Exchange Dr., Ste. C6
Orlando 32809
(City) , Florida (Zip code)

2022 DEC 12 PM 2:12
FILED
AND
APPROVED

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.


(Registered agent's signature)

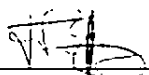
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Ana Cigagna</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>8625 Crestgate Cir</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Orlando, FL 32819</u>	<input checked="" type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



Signature of an authorized person

Ana Cigagna

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, KARL ALLRED, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Stormheart Digital LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 27, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001085633**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 12th day of December, 2022 at 11:56 AM. This certificate is assigned ID Number 057047825.



A handwritten signature in black ink, reading "Karl T. Allred", written over a horizontal line.

Secretary of State