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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email	Address:			
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Foreign Limited Liability Company SEP 3960 West Navy LLC

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S. FRANKLIN

JAN - 4 2023

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TEMPLED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limited	H.Liability Company," "L.L.C.," or "LLC.")		
	name adopted for the purpose of transacting pusiness in Fl	orida. The alternate name must include "Limited Earlihy Comp	any," "E. L. C." or "LL	
Delaware	men foreign limited liability company is organized!	3 92-1297500 (FEI number: if applicable)		
Training of the day of w	шен төгенди шимесс павтық соғарану із отдашусы	it Et number, it applica	ole i	
= 18.	Date first transacted business of liquida at prior to	registerium)		
D O D	(Date first transacted business in Florida, it prior to (See sections 605 0904 & 605,0905, F.S. to determine			
P.O. Box	1/99	6. P.O. Box 1799 (Making Address)		
Fairhope Al	_ 36533	Fairhope AL 36533	,	
<u> </u>		· · · · · · · · · · · · · · · · · · ·		
	***************************************		7:3:1	
same and <u>street addres</u>	ss of Florida registered agent; (P.O. Box	NOT acceptable)	;	
Name:	Registered Agents Inc			
Office Address:	7901 4th St N STE 300			
	St. Petersburg	, Florida 33702		
	(City)	(Zip code)		

(Registered agent's signature)

Last Asses

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: Name: Jeremy Friedman □ Manager □ Manager □Member Address: !XMember Address: PO Box 1799 □ Authorized □ Authorized Fairhope AL 36533 Person Person □Other _____ □Other □Other____ □Other Name: □Manager □Manager Name: ______ □Member Address: □Member Address: □ Authorized □ Authorized Person Person □Other_____ □Othe: ______ □Other Name: ______ Name: _____ □Manager □Manager □Member Address: □ Member Address: ____ □ Authorized □ Authorized Person Person □Other □()ther____ □Other _____ 二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, I am aware that any talse 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

Robin Jones

Typed or printed name of signee.



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

DELAWARE, DO HEREBY CERTIFY "SEP 3960 WEST NAVY 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 THIRD DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEP 3960 WEST NAVY LLC" WAS FORMED ON THE NINTH DAY OF DECEMBER, A.D. 2022.

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

Authentication: 202407274

Date: 01-03-23