# M2-3000000266

| (Re                     | equestor's Name)   |  |
|-------------------------|--------------------|--|
| (Ac                     | ldress)            |  |
| (Ac                     | idress)            | ·  |
| (Ci                     | ty/State/Zip/Phone | e #)   |
| PICK-UP                 | ☐ WAIT             | MAIL   |
| (Bu                     | usiness Entity Nar | ne)  |
| (Dx                     | ocument Number)    |  |
| Certified Copies        | _ Certificates     | s of Status  |
| Special Instructions to | Filing Officer:    |  |
|                         |                    | 2000 A 20 |
|                         |                    | 2,22   |
|                         |                    | 10.  |

Office Use Only



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#### COVER LETTER

Section 1

|  | Registration Section<br>Division of Corporations   |  |    |  |
|--|--|--|----|--|
| SUBJEC   | Venture Investing LLC  |  |    |  |
| SUBJEC   | Name of Li   |  |    |  |
|  | osed "Application by Foreign Limited Liability Compa<br>e, and check are submitted to register the above referer   |  |    |  |
| Please re  | turn all correspondence concerning this matter to the f  | following:   |    |  |
|  | Amy Highline   |  |    |  |
| Name of Person   |  |  |    |  |
| Firm/Company   |  |  |    |  |
| 348 Mill St.   |  |  |    |  |
| Address  |  |  |    |  |
|  | Reno, NV 89501   |  | ۵, |  |
| City/State and Zip Code  ahighline@corporatedirect.com |  |  |    |  |
|  |  |  |    |  |
| For furth  | er information concerning this matter, please call:  |  | 1  |  |
| Amy Highline   |  | at ( 775 Area Code ) 284-7161  Daytime Telephone Number  |    |  |
|  | Name of Contact Person   | Area Code Daytime Telephone Number   |    |  |
|  | 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 DEPART? \$\times\$ | □ \$155.00 Filing Fee & □ \$160.00 Filing Fee,   |    |  |

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

| (Name of Foreign   | ng LLC Limited Liability Company; must include "Limited t  | Liability Company," "L.L.C.," or "ELC.")   |                               |
|--|--|--|-------------------------------|
| <u>Venture</u>   | Investing 007 LL   | orida. The alternate name must include "Limited Liability C  | Company," "L.L.C," or "LLC.") |
|  | tame anopied for the purpose of dalloacting dualities in the   | . The die, may have a series of the series o |                               |
| Texas  (Jurisdiction under the law of w  | hich foreign limited liability company is organized)   | 3. (FEI number, if ap  | plicable)                     |
| ·  | (Date first transacted business in Florida, if prior to<br>(See sections 605,0904 & 603,0905, F.S. to determine  | registration )   |                               |
| 7901 4th St  | (See sections 605,0904 & 605,0905, F.S. to determine N Ste 300   | 6. 7901 4th St N Ste 300   | )                             |
| treet Address of Principal Office)   |  | (Mailing Address)  |                               |
| St. Petersbur  | g, FL 33702  | St. Petersburg, FL 33  | 3702                          |
|  |  |  | Ľ.                            |
|  |  |  | •.•                           |
|  |  |  |                               |
| . Name and street addre  | ss of Florida registered agent: (P.O. Box  | NOT acceptable)  | 1                             |
|  | ss of Florida registered agent: (P.O. Box<br>Registered Agents Inc   | NOT acceptable)  |                               |
| Name:  |  | <u>NOT</u> acceptable)   |                               |
|  | Registered Agents Inc  | NOT acceptable)  |                               |
| Name:  | Registered Agents Inc<br>7901 4th St N STE 300   |  |                               |
| Name: Office Address: Registered agent's acceptaining been named as relesting to this application of the comply with the provise of comply with the provise of the comply with the provise of the provise | Registered Agents Inc  7901 4th St N STE 300  St. Petersburg  (City)  ptance: egistered agent and to accept service of prion. I hereby accept the appointment of |  | is capacity. I further ag     |

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:

Aprila Shab

Tara Jackson

| Title or Capacity: | Name and Address:              | <u> Litle or Capacity:</u> | Name and Address:              |
|--------------------|--------------------------------|----------------------------|--------------------------------|
| XManager €         | Name: Anila Shah               | Manager                    | Name: Tara Jackson             |
| □Member            | Address: 7901 4th St N Ste 300 | □Member                    | Address: 7901 4th ST N Ste 300 |
| □Authorized        | St. Petersburg, FL 33702       | □Authorized                | St. Petersburg, FL 33702       |
| Person             |                                | Person                     |                                |
| □Other             | Other                          | []Other                    | □Other                         |
| □Manager           | 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             | <del></del>                    | Person                     | ·                              |
| □Other             | □Other                         | □Other                     | □Other                         |

<u>Important Notice:</u> 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.

Sympatitic of an authorized person

Tara Jackson

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for VENTURE INVESTING LLC (file number 803275815), a Domestic Limited Liability Company (LLC), was filed in this office on March 27, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 05, 2022.



Phone: (512) 463-5555

Prepared by: SOS-WEB

John B. Scott Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709

(512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 1203446300002



December 17, 2022

AMY HIGHLINE 348 MILL ST RENO, NV 89501 US

SUBJECT: VENTURE INVESTING LLC

Ref. Number: W22000155612

We have received your document for VENTURE INVESTING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 722A00028172

RECEIVED

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