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CORPORATE ACCESS,			When you need ACCESS to the world				
		INC.	236 East 6th Avenue. Tallahassee, Florida 32303 x 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666				
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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:

Ohio 2. (Jurisdiction under the law of which foreign limited li 4. (Date first transs (See sections 60 3984 Neighborly Way 5. (Street Address of Principal Office) The Villages, FL 32163	ability company is or acted business in Flor 15.0904 & 605.0905,				er, if applicable)	
4. (Date first trains (See sections 60 3984 Neighborly Way 5. Street Address of Principal Office)					er, if applicable)	
3984 Neighborly Way 5. Street Address of Principal Office)	actod business in Flor 15.0904 & 605.0905,	rida, if prior to re F.S. to determin		.) liability)		
3984 Neighborly Way 5. Street Address of Principal Office)	acted business in Flor 15.0904 & 605.0905,	rids, if prior to re F.S. to determin		i.) Itability)		
5. Street Address of Principal Office)						
			6.	3984 Neighborly Way (Mailing Address)		
The Villages, FL 32163			٧.	(Mailing Address)	,,,,	
			•	The Villages, FL 32163		
			•		2	
				······································		<u> </u>
7. Name and <u>street address</u> of Florida reg	ristered agent:	(P.O. Box	NOT a	cceptable)	JAN	70 - 2
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Registered A	gent Solutions,	Inc.			AH 10:	0 4
	D- C					•
Office Address:	aza Dr., Suite A	a			• •	
Tallahassee				32301		
	(City)	1		, Florida(Zip code)		
Registered agent's acceptance:					3	
Having been named as registered agent of designated in this application, I hereby a	and to accept s	ervice of pr	rocess j registe	for the above stated limited t	iability company	at the place
o comply with the provisions of all statu	tes relative to t	he proper a	and cor	iplete performance of my di	utiles, and I'am f	amiliar with
and accept the obligations of my position	lockenzu	1				

Title or Capacity:	р. т	Name and Address:	Title or Capacity:		Name and Address:
■ Manager	Name: Barba	ra Ruckdaschel	□Manager	Name:	
□Member	· Address:	4 Neighborly Way	□ Member	Address: _	
□Authorized	The	Villages, FL 32163	□Authorized		
Person			Person		
Other		□Other	□Other		□Other
□Manager	Name:		□Manager	Name:	
□Member	Address:		□Member		
]Authorized			□Authorized		
Person			Person		
Other	· ····································	□Other	Other		□Other
] Manager	Name:		□Manager	Name:	
]Member	Address:		□Member	Address:	
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Typed or printed name of signee

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I. Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show STARBUMP 2, LLC, an Ohio Limited Liability Company, Registration Number 4041824, was organized in the State of Ohio on June 20, 2017, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 23rd day of December, A.D. 2022.

Ohio Secretary of State

Validation Number: 202235701292