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To:

Division of Corporations

Fax Number : (850)617-6383

From:

61

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.

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Foreign Limited Liability Company 305 Promotions LLC

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S. ROBERT Help

JAN - 8 202

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABIL COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| ame unavailable, enter alternate | name adopted for the purpose of transacting business in Fla | and The alternate name must include "Limited Liability Co | ompany," "L.L.C," or " |
|---------------------------------------|---|---|------------------------|
| Delaware | | 3. | |
| Turisdiction under the law of v | tuch foreign limited liability company is organized) | (FEI number, if app | iscable) |
| | | | |
| | (Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determate | egistration.) te penalty liability) | |
| 7901 4th St | N STE 300 | 7901 4th St N STE 30 | 0 |
| Address of Principal Office) | | 6. 7901 4th St N STE 30 | |
| St Potorchi | ura EL 22702 | a | |
| | org FL 33702 | St. Petersburg FL 337 | |
| | SS of Florida registered agent: (P.O. Box Registered Agents Inc | | 2027 Ft 7 |
| Name and <u>street addre</u> | ss of Florida registered agent: (P.O. Box | | 2025 Ft - 7 Fil |
| Fame and <u>street addre</u> Name: | SS of Florida registered agent: (P.O. Box Registered Agents Inc | | |

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Andrew Gladness □ Manager Name: □ Manager Address: XMember Address: 7901 4th St N STE 300 ☐ Authorized □ Authorized St. Petersburg FL 33702 Person Person Other____ □ Other_____ Other_____ Other Name: ______ □ Manager Name: ______ ☐ Member Address: ☐ Member Address: ☐ Authorized ☐ Authorized Person Person □Other _____ □Other____ □Other____ □Other_____ □ Manager Name: _____ □ Manager Name: Address: _____ □ Member □ Member Address: □ Authorized □ Authorized Person Person □Other____ □Other____ □Other____ □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 false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$,817,155, F.S.

Robin Jones
Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "305 PROMOTIONS 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 SEVENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "305 PROMOTIONS LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2023.

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

Authentication: 202656957

Date: 02-07-23