

M2300002029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

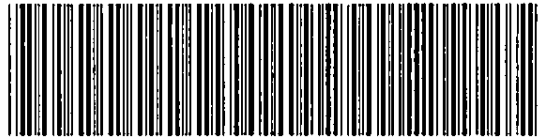
(Document Number)

Certified Copies _____ Certificates of Status _____

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S. FRANKLIN

FEB 15 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

Stiletto Savvy, LLC

SUBJECT: _____
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:

Jessica L. Mazzeo

Name of Person

Stiletto Savvy, LLC dba Bossible

Firm/Company

1880 John F. Kennedy Boulevard, Suite 1800

Address

Philadelphia, PA 19103

City/State and Zip Code

jessica@itsbossible.com

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

For further information concerning this matter, please call:

Jessica Mazzeo

267

567-5266

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:

Stiletto Savvy, LLC

1. _____
(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.")
Pennsylvania 81-2069934

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

08/01/2022

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
1880 John F. Kennedy Boulevard, Suite 1800 1800 John F. Kennedy Boulevard, Suite 1800

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)
Philadelphia, PA 19103 Philadelphia, PA 19103

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

CT Corporation System

Name: _____

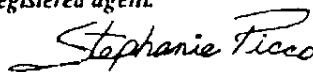
1200 South Pine Island Road

Office Address: _____

Plantation 33324
_____, Florida _____
(City) (Zip code)

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)

Stephanie Picco

Assistant Secretary

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:**
☒ Manager Name: Jessica Mazzeo
☒ Member Address: 102 Trotters Court
Newtown Square, PA 19073
☐ Authorized
Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☒ Manager Name: Emily Griesing
☒ Member Address: 603 East 5th Avenue
Salt Lake City, UT 84103
☐ Authorized
Person
☐ Other ☐ Other

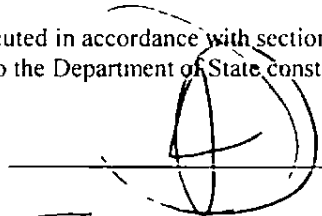
☐ Manager Name:
☐ Member Address:
☐ Authorized
Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
Person
☐ Other ☐ 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
Jessica L. Mazzeo
Typed or printed name of signee

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: Stiletto Savvy LLC
Request Type: Subsistence Certificate **Issuance Date:** January 17, 2023
Request No.: 008086524 **File No.:** 0006393971
Receipt No.: 000334796
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: April 22, 2016
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Stiletto Savvy LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt
Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2023

JESSICA L MAZZEO
1880 JOHN F KENNEDY BOULEVARD STE 1800
PHILADELPHIA, PA 19103 US

SUBJECT: STILETTO SAVVY, LLC
Ref. Number: W23000014950

We have received your document for STILETTO SAVVY, 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 registered agent must sign accepting the designation.

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: 323A00002711

RECEIVED
FEB 15 2023