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(((H22000406295 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

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

Email Address: <u>HUSTIN.RIGALETTO@GMAIL.COM</u>

Foreign Limited Liability Company EAST COAST INVESTMENTS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

(((H22000406295 3)))

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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ne adopted for the Putpinse of Earsteining Outstiess in Fig.	oda. The alternate name must include "Limited Liability Com	1	
Oclaware		3. (1917 muniber, et applie		
Dirisdiction under the law of which	ch foreign funited hability company is organized)	(FFI minder, it applie	ables	
	(Date first itansacted business in Horida, it prior to re	enstation)		
	(Date first transacted business in Florida, if prior to re (See sections 605-8050 9005-17-X, to determin	e penalty hability)		
2921 Lakeshore Blvd		P. O. Box 771141		
et Address of Principal Office)		6. (Mailing Address)		
aint Cloud, FL 34769 Orlando, FL 32877				
	J. Scott Justin		023 (**) [1	
Office Address:	2921 Lakeshore Blvd		7	
	Saint Cloud	, Florida Zapcode;	կ։ 02	
		. 1 10/30/4	~~	

(Registered agent's signature)

(((H22000406295 3)))

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 Capacit	<u>iv:</u>	Name and Address:
⊟Manager	Name:	E Manager	Name:	
Member	Address: 2921 Lakeshore Blvd	□Member		
∃Authorized	Saint Cloud, FL 34769	□Authorized		
Person		Person		
Other	Other	[]Other		☐Other
BManager -	Name:	□Manager	Name:	
]Member	Address:	□Member		
Authorized		[] Authorized		
Person		Person		
]Other	Other	DOther		□Other
ĴManager	Name:	□Manager	Name:	
JMember -	Address:	□Member	Address:	
Authorized		□ Authorized		
Person		Person		- VIII
Other		□Other		ElOther

- 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 translation must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any fidse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.847.155, F.S.

Signature of an authorized person				
J. Scott Justin				

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "EAST COAST INVESTMENTS 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 SECOND DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EAST COAST INVESTMENTS LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2022.

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

7027300 8300 SR# 20224155795

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Buffece, Secretary of State

Authentication: 204987003

Date: 12-02-22