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|   | ASHLEIGH CLAPP       |             | - <del>-</del> |
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE BITTH SECTION (0)\$0902, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| name unavailable, enter alternate r | ame adopted for the purpose of transacting husiness in   | Florida, The                   | alternate name must include "Uninted I jubility Compa | ony,""l,l,C," or "l,l |
|-------------------------------------|--|--------------------------------|---|-----------------------|
| Georgia                             |  | ,                              |   |                       |
| (Jurisdiction under the law of w    | hich foreign limited liability company is organized)   | 3.                             | (FEI number, it applicab                              | ole)                  |
|                                     |  |                                |   |                       |
|                                     | (Date first transacted business in Florida, if prior to<br>(See sections 605 0904 & 605 0905, F.S. to deter- | o registration<br>nine penalty | r)<br>hability)                                       |                       |
| 5474 Millie Way Gree                | n  | 6                              | 5474 Millie Way Green<br>(Mailing Address)            | , <u></u>             |
| et Address of Principal Office)     |  | ν,                             | (Minling Address)                                     |                       |
| Green Cove Springs, FL 32043        |  |                                | Green Cove Springs, FL 32043                          |                       |
| Green Cove Springs, F               | L 32043  |                                |   |                       |
| Green Cove Springs, F               | 1, 32043   |                                |   | -                     |
| Green Cove Springs, F               | 1. 32043   |                                |   |                       |
| Green Cove Springs, F               | 1, 32043   |                                |   |                       |
|                                     | s of Florida registered agent: (P.O. Bo  |                                | neceptable)   |                       |
|                                     | s of Florida registered agent: (P.O. Bo  |                                | neceptable)   |                       |
|                                     |  |                                | neceptable)   |                       |
| Name and street addres              | s of Florida registered agent: (P.O. Bo  | NOT:                           |   |                       |
| Name and street address Name:       | Registered Agents Inc.  7901 4th St N. Ste 300   | NOT:                           |   | •                     |

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>v:</u> | Name and Address:                     |
|--------------------|--------------------------------|------------------|-----------|---------------------------------------|
| □Manager           | Name: Ashleigh Brianne Clapper | □Manager         | Name:     |                                       |
| <b>■</b> Member    | Address: 213 Royal Palms Ave.  | ∐Member          | Address:  |                                       |
| □Authorized        | Kingsland, GA 31548            | □Authorized      | ···       |                                       |
| Person             |                                | Person           |           | · · · · · · · · · · · · · · · · · · · |
| Other              | Other                          | □Other           |           | □Other                                |
| □Manager           | Name:                          | ⊡Manager         | Name:     |                                       |
| ∐Member            | Address:                       | ∐Member          | Address:  |                                       |
| □Authorized        |                                | □Authorized      |           |                                       |
| Person             |                                | Person           |           |                                       |
| □Other             |                                | □Other           |           | □Other                                |
| □Manager           | Name:                          | □Manager         | Name:     | -                                     |
| □Member            | Address:                       | □Member          | Address:  | <del></del>                           |
| □Authorized        |                                | □ Authorized     |           | <u> </u>                              |
| Person             |                                | Person           |           |                                       |
| □Other             |                                | □Other           | <u></u>   | □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 talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

| Halyalor               | dotloop verified<br>03/14/23 12 42 AM EDT<br>EOGH DHVQ-6FOA-ZARW |  |
|------------------------|--|--|
|                        | Signature of an authorized person                                |  |
| Ashleigh Brianne Clapp | per  |  |
|                        | Typed or printed name of signee                                  |  |

Control Number: 23005299

#### STATE OF GEORGIA

#### **Secretary of State**

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

1, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## Ashleigh Clapper LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 24716651 Date Inc/Auth/Filed: 01/03/2023 Jurisdiction : Georgia Print Date : 03/08/2023

Form Number : 211



Brad Rafforspage

**Brad Raffensperger Secretary of State**