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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:

name unavallable, enter atternate i	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liabil	lity Company," "L.L.C," or "LLC.")
Delaware		3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number,	if applicable)
·	(0. 8		<u> </u>
	(Date first transacted business in Florida, if prior to n (See sections 605 0904 & 605 0905, F.S. to determin	egistration) te penalty liability)	
1991 Industrial Drive		1991 Industrial Drive	
treet Address of Principal Office)		6. (Mailing Address)	
DeLand, FL 32724		DeLand, FL 32724	
		<u></u>	
Name:	Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A		-3 PH 2: 2
. Name and <u>street addres</u> Name: Office Address:	Registered Agent Solutions, Inc.	32301 Florida	-3 PH 2: 24
Name:	Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A	32301 Florida(Zip code)	-3 PH 2: 24

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: Title or Capacity: Name and Address: Name and Address: Name: Richard G. Zahn, Sr. Name: PREG-ADVANTIS, LLC ■ Manager ■ Manager Address: ____ 1991 Industrial Drive Address: ____ ☐ Member □Member DeLand, FL 32724 DeLand, FL 32724 □ Authorized ☐ Authorized Person Person Other □Other □Other Other □Manager Name: □Manager Address: □ Member □Member Address: _____ ☐ Authorized ☐ Authorized Person Person □Other ______Other_____ □Other_____ □Other___ □Manager Name: ______ Name: _____ □Manager Address: ____ Address: ☐ Member □Member ☐ 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 s.817.155, F.S. Patricia R. Fitzgerald, Esq.
Signature of an authorized person Patricia R. Fitzgerald

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ADVANTIS MCA HYATT 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 THIRD DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVANTIS MCA"

HYATT LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D.

2021.

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

at corp.delaware.gov/aut

Authentication: 203060121

Date: 04-03-23

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