

M23000004832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

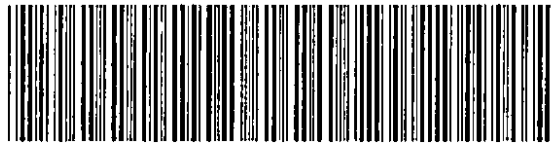
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Copies _____

Certificates of Status _____

Instructions to Filing Officer:

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FLORIDA

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: Cat 4/13

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CERTIFIED COPY

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XX

FILING

FOREIGN LLC

1.

SCRIPPS DRIVE LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SCRIPPS DRIVE LLC**

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:

MINA SCHNITZER

Name of Person

SCRIPPS DRIVE LLC

Firm/Company

153 RAMETTO ROAD

Address

SANTA BARBARA CA 93108 USA

City/State and Zip Code

minaschnitzer@comcast.net

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

DS
-MS

For further information concerning this matter, please call:

MINA SCHNITZER

Name of Contact Person

at (**503**)

Area Code

703-8400

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:

1. SCRIPPS DRIVE LLC
(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.")

2. OREGON 3. 129068698
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 153 RAMETTO ROAD 6. 153 RAMETTO ROAD
(Street Address of Principal Office) (Mailing Address)

SANTA BARBARA CA 93108 USA SANTA BARBARA CA 93108 USA

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

Name: Collin McLeod

Office Address: 636 W. Yale St

Orlando, Florida 32804
(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.

DocuSigned by:

Collin W. L. McLeod

(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>MINA SCHNITZER</u>
<input checked="" type="checkbox"/> Member	Address: <u>153 RAMELTO ROAD</u>
<input checked="" type="checkbox"/> Authorized	<u>SANTA BARBARA CA 93108 USA</u>
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: <u>N/A</u>
<input type="checkbox"/> Member	Address: <u>N/A</u>
<input type="checkbox"/> Authorized	<u>N/A</u>
Person	<u>N/A</u>
<input type="checkbox"/> Other <u>N/A</u>	<input type="checkbox"/> Other <u>N/A</u>

<input type="checkbox"/> Manager	Name: <u>N/A</u>
<input type="checkbox"/> Member	Address: <u>N/A</u>
<input type="checkbox"/> Authorized	<u>N/A</u>
Person	<u>N/A</u>
<input type="checkbox"/> Other <u>N/A</u>	<input type="checkbox"/> Other <u>N/A</u>

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>N/A</u>
<input type="checkbox"/> Member	Address: <u>N/A</u>
<input type="checkbox"/> Authorized	<u>N/A</u>
Person	<u>N/A</u>
<input type="checkbox"/> Other <u>N/A</u>	<input type="checkbox"/> Other <u>N/A</u>

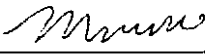
<input type="checkbox"/> Manager	Name: <u>N/A</u>
<input type="checkbox"/> Member	Address: <u>N/A</u>
<input type="checkbox"/> Authorized	<u>N/A</u>
Person	<u>N/A</u>
<input type="checkbox"/> Other <u>N/A</u>	<input type="checkbox"/> Other <u>N/A</u>

<input type="checkbox"/> Manager	Name: <u>N/A</u>
<input type="checkbox"/> Member	Address: <u>N/A</u>
<input type="checkbox"/> Authorized	<u>N/A</u>
Person	<u>N/A</u>
<input type="checkbox"/> Other <u>N/A</u>	<input type="checkbox"/> Other <u>N/A</u>

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.

DocuSigned by:


75473DC69C394FC

Signature of an authorized person

MINA SCHNITZER

Typed or printed name of signee

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 969576

I, SHEMIA FAGAN, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

SCRIPPS DRIVE LLC

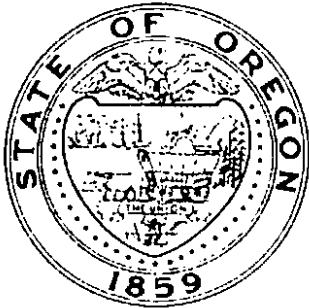
is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto
set my hand and affixed hereto the
Seal of the State of Oregon.



A handwritten signature in black ink, appearing to read "Shemia Fagan", is written over a horizontal line.

SHEMIA FAGAN, SECRETARY OF STATE

Issued Date: 3/23/2023



Come visit us on the internet at: <https://sos.oregon.gov/business>
or use the QR code to check their current status.