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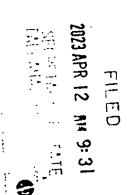
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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A. Jones

COVER LETTER

DIVISION OF	Corporations			
First Tal MECT:	lent, LLC			
	Nam	ne of Limited Liability Company		
enclosed "Applic tence, and check	ation by Foreign Limited Liability are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.		
se return all corre	spondence concerning this matter t	to the following:		
Dav	rid Jacobson			
		Name of Person		
Firs	st Talent, LLC			
		Firm/Company		
427	1 Sondras Way			
		Address		
Mil	ton, FL 32583			
	C	City/State and Zip Code		
DAJa	cobson89@gmail.com			
	E-mail address: (to be	e used for future annual report notification)		
urther informatio	n concerning this matter, please ca	atl:		
David Jacobson		719 3397326 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	check for the following amount: check payable to: FLORIDA DEF	PARTMENT OF STATE		
□ \$125.00 F		ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificat		

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 unavailable, enter alternate	name adopted for the purpose of transacting business in I	lorida The alternate n	me must include "Limited	d Liability Company	," "L.L.C," or "LL.C
Delaware		2			
(Jurisdiction under the lass of w	hich foreign limited liability company is organized)	s	(FEL ni	umber, if applicable)	
05/2022					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905; F.S. to detern	registration.)	<u> </u>		
4271 Sondras Way, M		4271 8	ondras Way, Milte	on, FL 32583	
reet Address of Principal Office)	······	6(M	uling Address)		 -
Name and street address	ss of Florida registered agent: (P.O. Bo:	· <u>NOT</u> acceptab	le)		
	ss of Florida registered agent: (P.O. Bo: David Jacobson	NOT acceptat	le)	Stories Stories	Z023 AP
Name and street address	David Jacobson	NOT acceptab	le)	1	7023 APR 12
		NOT acceptab	le)		FILED 2023 APR 12 AM
Name:	David Jacobson		32583	Storing to the state of the sta	
Name:	David Jacobson 4271 Sondras Way			SECONO SECULATE	[T]

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 Capacity:	Name and Address:	
■Manager	Name:	■Manager	Name: Heather Jacobson	
□Member	Address: 4271 Sondras Way, Milton, FL	□Member	Address: 4271 Sondras Way, Milton, FL	
Authorized		Authorized		
Person	***************************************	Person		
Other	Other	□Other	□Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□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. 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.

gr		
	Signature of an authorized person	
David Jacobson		
	Typed or printed name of signee	



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

DELAWARE, DO HEREBY CERTIFY THAT "FIRST TALENT LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR

AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO

TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SEVENTH DAY OF FEBRUARY,

A.D. 2018, AT 10:16 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIRST TALENT LLC" WAS FORMED ON THE SEVENTH DAY OF FEBRUARY, A.D. 2018.

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



Authentication: 203031945

Date: 03-29-23