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COVER LETTER

TO:

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	Nam	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Cer referenced foreign limited liability company to transact business
return all co	rrespondence concerning this matter t	to the following:
	Rachael le	Name of Person
_		Name of Person
_		Firm/Company
	494 Pelican	Lane S.
		Address
	Jupiter, FL	33458 City/State and Zip Code © g mail · com e used for future annual report notification)
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n	1 1 1 - 51	97. 31. 93.67
Rac	Name of Contact Person	at (970) 300 - 8257 Area Code Daytime Telephone Number
Mailing A	ddress: tion Section	Street Address: Registration Section
registra	of Corporations	Division of Corporations
	•	The Centre of Tailahassee
Division	see, FL 32314	2415 N. Monroe Street, Suite 810
Division P.O. Bo:		2
Division P.O. Bo:	500, 1 15 525 1 1	Tallahassee, FL 32303

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 RECEISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Apparition LLC
(Came of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC.," 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.") Colorado USA
insdiction under the law of which foreign limited liability company is organized)

3. 87 - 2155887

(PEl number, st applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 5 1092 N. Downing St. (Street Address of Principal Office) Denver, CO 80218 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Pachael Lee Starr Office Address: _ Jupiter , Florida 33458 (Zipsode) 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.

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: Pachael Lee Starr □Manager ■Manager Name: _____ Address: 494 Pelican LnS. □Member □Member Address: Jupiter, FL 33458 □ Authorized □ Authorized Person Person Other Managing Member Other □Other____ Other____ Name: _____ □Manager ■ Manager Address: _____ Address: □Member □Member □ Authorized □ Authorized Person Person Other____ □Other____ Other____ □Other Name: Name: □Manager □Manager Address: □Member Address: □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.

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Apparition LLC

is a

Limited Liability Company

formed or registered on 01/17/2021 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20211045297.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/11/2023 that have been posted, and by documents delivered to this office electronically through 05/14/2023 @ 19:07:44.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/14/2023 @ 19:07:44 in accordance with applicable law. This certificate is assigned Confirmation Number 14962485



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/CertificateSearcht'riteria.do/entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov/click/Businesses, trademarks, trade names and select/Frequently Asked Questions.