# 112300017358

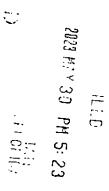
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



000409106630

05/90/23--01030--015 \*\*130.00



i - CMIEUX JUN - / 2023

#### COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	Palm Coast Report, ELC T:	
	Name of Limited Liability Company	
The enc Existence	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate and check are submitted to register the above referenced foreign limited liability company to transact business in Flor	e of ida.
Please r	urn all correspondence concerning this matter to the following:	
	Caroline McNeil	
	Name of Person	
	Chiumento Law, PLLC	
	Firm/Company	
	145 City Place, Suite 301	
	Address	
	Palm Coast, FL 32164	
	City/State and Zip Code	
	PalmCoastReport@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For furtl	r information concerning this matter, please call:	
	Caroline McNeil 386 264-6035	
	Name of Contact Person Area Code Daytime Telephone Number	
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	
	Cinclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy	

## 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 REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company,"	"L.L.C.," or "LLC.")		· <del></del> -
f name unavailable, enter alternate r	name adopted for the purpose of transacting business in I	orida. The alternate name	must include "Limited L	iability Company."	"l,,l,,C," or "LLC
Delaware  Gurisdiction under the law of w	hich foreign lunited liability company is organized)	3	(FE) num	ber, if applicable)	
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0903, F.S. to determ	registration )		<del></del>	
145 City Place, Suite 3	01	145 City I	Place, Suite 301		
Palm Coast, FL 32164			st, FL 32164		
Name and street address	s of Florida registered agent: (P.O. Bo:	NOT acceptable)		<u>~</u> ;;	2023
Name:	Michael D. Chiumento III			:	08 ATH 8202 It
Office Address:	145 City Place, Suite 301				
	Palm Coast (City)	, Fl	32164 orida(Zip code)	70)140 70)140	5: 23

### 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.

(Registered agent's signature)

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: Michael D. Chiumento III □ Manager □Manager Name: Address: 145 City Place, Suite 301 □Member □Member Address: \_\_\_\_\_ Palm Coast, FL 32164 ■ Authorized □ Authorized Person Person □Other □Other □Other □Other □Manager □Manager Name: \_\_\_\_ □Member Address: Address: \_\_\_\_\_ □ Member ☐ Authorized □ Authorized Person Person □Other □Other\_\_\_\_ □Other\_\_\_\_\_ □Other Name: \_\_\_\_\_ □Manager Name: □Manager □Member Address: \_\_\_\_ □Member Address: \_\_\_\_\_ ☐ Authorized □ Authorized Person Person □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. Signature of an authorized person

Typed or printed name of signee

Michael D. Chiumento III

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PALM COAST REPORT 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 NINETEENTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALM COAST REPORT LLC" WAS FORMED ON THE NINTH DAY OF MARCH, A.D. 2021.

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

Authentication: 203382921

Date: 05-19-23

5432120 8300 SR# 20232188967