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COVER LETTER

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SUBJEC			
	Nam	ne of Limited Liability Company	
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.	
Please re	turn all correspondence concerning this matter t	to the following:	
	Kelsey Torres		
		Name of Person	
	Poeyfarre Ventures LLC		
		Firm/Company	
	706 Oakland Ave		
		Address	
	Austin TX 78703		
		Lity/State and Zip Code	
	kelseytorres27@gmail.com		
	E-mail address: (to be	e used for future annual report notification)	
For furth	er information concerning this matter, please ca	AI:	
Kelsey Torres		504 265-3955	
	Name of Contact Person	at () Area Code Daytime Telephone Number	
Mailing Address: Registration Section		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF	PARTMENT OF STATE	
	▼ \$125.00 Filing Fee	re & 🔲 \$155.00 Filing Fee & 🗍 \$160.00 Filing Fee, Certificate	

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:

Poeyfare Ventures LLC	limited Liability Company; must include "Limite	d Liability	Company," "L.L.C.," or "LLC.")		
name unavailable, enter alternate re	ame adopted for the purpose of transacting business in F	lorida, The s	Iternate name must include "Limited Liab	ility Company," "L.L.(
Texas					
(Jurisdiction under the law of wh	uch foreign limited liability company is organized)	3.	(FEI number,	, if applicable)	
	(Data first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration tine penalty) iability)		
706 Oakland Avenue			706 Oakland Ave		
ee: Address of Principal Office)		6.	(Mailing Address)		
Austin, TX 78703			Austin, TX 78703		
					
	<u> </u>				
NT and are addess	or of Classida anniatana di contro (D.O. Por	. MOT	onestable)		
Name and street addres	s of Florida registered agent: (P.O: Box	x NOI.	есершоте)	· 11	207
	Kim Torres			<u>34</u> .	2023 JUL 2
Name:				, * .	ال 2
Office Address:	1300 W Eau Gallie Ste A			37.	
4 11120 1 1221 1221	Melbourne		32935	J. :	⊐:
•	(Cay)	<u> </u>	, Florida (Zio code)		
	(CEY)		(Sep code)	•	39

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 agens'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:
■Manager	Name: Kelsey Torres	□Manager	Name:
□Member	Address:	€Member	Address: 26721 Blue Cove Rd
□Authorized	Austin, TX 78703	□Authorized	Marble Falls, TX 78654
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
■Member	Address: 309 Bardmore Lane	□Member	Address:
□Authorized	Melbourne, Fl. 32940	□Authorized	
Person		Person	
□Other	Other	□Other	Other
⊡Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other		□Other	

<u>Important Notice:</u> 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.

Kelsey	Jones	
7	Signature of an authorized person	
Kelsey Torres		
	I yped or printed name of signee	



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Poeyfarre Ventures LLC (file number 804631991), a Domestic Limited Liability Company (LLC), was filed in this office on July 02, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 29, 2023.



gave Helson

Jane Nelson Secretary of State

Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services
Prepared by: SOS-WEB TID: 10264 Document: 1262510260002