

M23000009841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

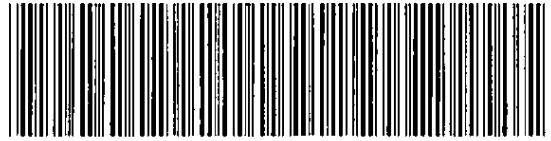
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SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUN 22 AM 10:08

FILED

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. 765 NANTUCKET CIRCLE, 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. Wyoming 93-1823052
(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. 10662 Versailles Blvd The Andersen Firm
(Street Address of Principal Office) (Mailing Address)
Wellington, FL 33449 7771 W. Oakland Park Blvd, Ste 228
Sunrise, FL 33351

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

Name: Leeza Andersen
Office Address: 7771 W. Oakland Park Blvd, Ste 228
Sunrise, Florida 33351
(City) (Zip code)

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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.

Leeza Andersen
(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:
 Manager Name: Leeza Andersen
 Member Address: The Andersen Firm
 Authorized 7771 W. Oakland Park Blvd. Ste 228
Person Sunrise, FL 33351
 Other _____ Other _____

Manager Name: Kenneth Roy Wellington
trust of 2014 dated
February 13, 2014
 Member Address: _____
 Authorized 10662 Versailles Blvd
Person Wellington, FL 33449
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

Title or Capacity: Name and Address:
 Manager Name: Kenneth Roy
Wellington
 Member Address: _____
 Authorized 10662 Versailles Blvd
Person Wellington, FL 33449
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 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.

Leeza Andersen
Signature of an authorized person

Leeza Andersen
Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

765 NANTUCKET CIRCLE, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 8, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001281875**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 18th day of July, 2023 at 12:59 PM. This certificate is assigned ID Number 063010613.



A handwritten signature in cursive script that reads "Chuck Gray".

Secretary of State