8/22/23, 8:08 AM

Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone

: (307)200-2803

Fax Number

: (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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Foreign Limited Liability Company Simplicity Consulting, LLC

Certificate of Status	0
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To 18505176383

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0802, FLORIDA STATUTES THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: Simplicity Consulting, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC") all name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must incline "Limited Liability Compans," "E.L. C." or "L.L.C.") Washington 20-5759195 (furnishetion under the law of which foreign limited hability company is organized) d H number, d'applicable) (Date first transacted business in Florida, if prior to registration). (See sections 602, 0904-8, 602, 0902, F.S. (a determine penalty hability). 7901 4th St N STE 300 6. 105 Maxess Road Suite 201 street Address of Principal Office) St. Petersburg FL 33702 Melville NY 11747 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Northwest Registered Agent LLC Name: 7901 4th St N STE 300 Office Address. St. Petersburg

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.

From Registered Agents Inc.

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: Patrick Lyons	□Manager	Name: Anthony Donnarumma
⊠Member	Address:	X Member	Address:
□Authorized	7901 4th St N STE 300	□Authorized	7901 4th St N STE 300
Person	St. Petersburg FL 33702	Person	St. Petersburg FL 33702
□Other		□.Other	□ Other
□Manager	Name.	C.Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□ Authorized	
Person		Person	
□Other		□Other	□()ther
∐Manager	Nume:	L Manager	Name:
⊡Membei	Address:	□Member	Address:
□Authorized		\square 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. 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.

at Smith

Signature of an authorized person

Nat Smith



1, STEVE R. HOBBS. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

SIMPLICITY CONSULTING, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 08/18/2006.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 08/21/2023 UBI Number: 602 657 475



Orven tander are hand and the Seat of the State of Washington at Obsenhal the State Capital

LR Hollie

Store R. Hobbs, Secretary of State

Date Issued 108 M 2023.