Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Phone : (561)694-8	Account Name Account Number	COMPUTERSHARE
-Fax Number : (561)214-8.		(561)694-8107 (561)214-8442

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

DAN DAN S 33	mail Address:			
LI PH 2: 9	Foreign Limited Liab Happy Household			2023
	Certificate of Status	1	•	AUG
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	Estimated Charge	\$130.00	•	ហ្គា 👬
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Electronic Filing Menu Corporate Filing Menu

TO: Registration Section Division of Corporations

SUBJECT: Happy Household Staff LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Erika A. Easte	r	
	Name of Person	
eMinutes		
	Firm/Company	
228 Park Ave :	S, PMB 5	0845
	Address	
New York, NY	10003-15	502
C	ity/State and Zip Code	
eteam@eminut	es.com	
E-mail address: (to be	e used for future annual :	report notification)
For further information concerning this matter, please ca	н:	
Erika A. Easter	at (310	820-1000
Name of Coutact Person	Area Code	Daytime Telephone Number
Mailing Address:	Street Address:	
Registration Section	Registration Se	ction
Division of Corporations	Division of Co	
P.O. Box 6327	The Centre of 7	
Tallahassee, FL 32314		e Street, Suite 810

Tallahassee, FL 32303

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S1555.00 Filing Fee S15555.00 Filing Fee S15555.00 Filing Fee S155555.00 Filing Fee S15555.00 F

□ \$160.00 Filing Fee. Certificate of Status & Certified Copy 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:	and the reput cost.	Title or Capacity	<u>v:</u>	Name and Address:
🗃 Manager	Name: Pharrell Williams	⊡Manager	Name:	
⊡M¢mber	1700 Eest Putnam Ave., Suite 408 Address:	□Member		
□Authorized	Old Greenwich, Connecticut 06870	DAuthorized		
Person		Person		
⊐Other	Other	□Other		ÜOther
⊡Manager	Name:	□Manager	Name:	
DMember	Address:	DMember		
Authorized		□Authorized		
Person		Person		
Other	□Otber	00tber		□Other
Manager	Name:	□Manager	Nanie:	
□Member	Address:	□ Member		
DAuthorized		Authorized		
Person	·	Person		
DOther	🗌 Other	Other		

Important Notice: Use an attachment to report there than six (5). 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 an 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.)55, F.S.

Please	rli	Mans

Signature of an authorized person

Pharrell Williams

Typed or printed name of signee

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

IN COMPLIANCE WITH SECTION 6/61992, FLORIDA SEATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delawar	its name adopted for the purpose of machating burness in F	londs. The shemate name must include "lumited Liability Company," "L.L.C,"	or "LLC."
	Phich (ereige limited liebility company) ergenured)	3(FEI ourbor, if applicable)	
	(Date first transacted business in Florida, if prior to (See aperioris 605,0504 & 005,0905, F.S. in determin	ins pensity lightli(y)	
1700 East Put	nam Ave., Suite 408	6	8
Old Greenwich	, Connecticut 06870	Old Greenwich, Connecticut 0687	70
			_
Name and <u>street addre</u>	ess of Florida registered agent: (P.O. Box	NOT acceptable)	1 202
Name and <u>street addre</u> Name:	ess of Florida registered agent: (P.O. Box eResidentAgen	t, Inc.	1 1 2023 AHG 3
		t, Inc.	1 2023 ANG 2L PM

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 us registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes reliable 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 acceptance:



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAPPY HOUSEHOLD STAFF 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 EIGHTEENTH DAY OF AUGUST, A.D. 2023.



Authentication: 203998145 Date: 08-18-23

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SR# 20233281795

You may verify this certificate online at corp.delaware.gov/authver.shtml