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Foreign Limited Liability Company Invista Home LLC

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K. SALY

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H23000305279 3 Page 3 of 4

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

INVISTA HOME LLC					
(Name of Forcis	n Limited Liability Company; must include "Limited	Liability Company	("DJJ" to ", DJJ I",		
name ugavailable, enter alterna	e name redopted for the purpose of transacting business in Fi	orida. The alterente na	me must ipelade "Limited Lisbi	diry Company," "LLLC" or "LLC.")	
D	DELAWARE		92-1993456		
(Amirdiction under the saw of which foreign himlian hability company is organized)		3.		I number, if applicante)	
				•	
	(Date first transacted business in Florida, if prior to [See sections 605,0904 & 605,0908, F-S, to determine	ogistation) no possity liability)			
200 CONTINENTAL	LDRIVE	200 CONTINENTAL DRIVE			
epi Address of Principal Office)	6	iling Address)	ن ن ننن سر	
			C SE		
NEGRADY DE 1071	7	MERCA	DEC 100 100 10		
NEWARK, DE 1971	3	NEWAI	RK, DE 19713		
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NEWARK, DE 1971	3	NEWAI	RK, DE 19713		
NEWARK, DE 1971 Name and street addr	ess of Florida registered agent: (P.O. Box			5:0	
				5.00	
Name and street addr				5.00	
	ess of Florida registered agent: (P.O. Box STEVEN A. IACUONE			5.00	
Name and street addr Name:	ess of Florida registered agent: (P.O. Box STEVEN A. IACUONE 2953 REGAL OAKS BLVD.			5.00	
Name and street addr	ess of Florida registered agent: (P.O. Box STEVEN A. IACUONE 2953 REGAL OAKS BLVD.		le)	5.0	
Name and street addr Name:	ess of Florida registered agent: (P.O. Box STEVEN A. IACUONE 2953 REGAL OAKS BLVD.	NOT acceptable		5.00	

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	<u>V:</u>	Name and Address:
□Manager	Name: ASHLEY GERSHOONY	□ Manuger	Name:	
□Member	Address: 200 CONTINENTAL DRIVE	□Member	Address:	
□ Authorized	NEWARK, DE 19713	☐ Authorized	·	
Person		Person	مراجع والمراجع المراجع والمراجع	6
∃Other_AMBR	□ Other	□Other		Donker S
□Manager	Name:	□Manager	Name:	•
El Member	Address:	∐Membe r	Address:	ن رن
☐ Authorized		□ Authorized		· ·
Person		Person		
□Other	□ Other	□Other	t man di tawa minta kinda	□Other
□ Manager	Name:	⊡Manager	Name:	
□Member.	Address:	□Member	Address:	
□Authorized		□ Authorized		
Person		Person		
Other	□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 whou 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 fellony as provided for in s.817.155, F.S.

A	
Ashiey Grest anny (Aug 25, 2023 12:00 FOT)	
Signature of an authorized perfor-	
ASHLEY GERSHOONY	
Typed or printed name of signo-	

Delaware The First State

Page 1

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

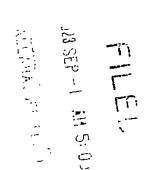
DELAWARE, DO HEREBY CERTIFY "INVISTA HOME LLC" IS DULY FORMED UNDER

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 TWENTY-THIRD DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INVISTA HOME LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2023.



Authentication: 204027546

Date: 08-23-23