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(Cit	y/State/Zip/Phone #)	
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Certified Copies	Certificates of	of Status
Special Instructions to Filir	og Officer:]
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Office Use Only



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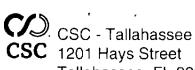
2023 SEP 15 ATT OF EXP

APPROVED AND FILED

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SEP 1 8 2023

K. Brumbley



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 09/15/23 Order #: 1265672-1 Re: Entratus LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

AUTH

Con Elenan Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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;

name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flo	orida. The	alternate name must include "Limited	Liability Company," "L.	.L.C," or "LLC.
Wyoming		3.	87-3545802		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J.	(FEI nu	imber, if applicable)	
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determin	egistration	.)		
Suite 200	(See sections 605,0904 & 605,0905, F.S. to determin		Suite 200		
reet Address of Principal Office)		6.	(Mailing Address)		
1002 E Newport Center Drive			1002 E Newport Center Drive		
Deerfield Beach, FL 3	33442		Deerfield Beach, FL 334	442	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	cceptable)	023 SEP 4 5	
Name:	Corporation Service Company			5 A	LEO VE COVE
Office Address:	1201 Hays Street			8: 29	
	Tallahassee		32301 , Florida		
	(City)		(Zip code))	

(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:

Seth Cohen

Manager

Name:

Manager

Name:

Member

Address:

1002 E Newport Center Drive

Member

Address:

Deerfield Beach, FL 33442

Authorized

Deerfield Beach, FL 33442

□Member	Address:	□Member	Address:
□Authorized	Deerfield Beach, FL 33442	■Authorized	Deerfield Beach, FL 33442
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□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.

/s/ Kimberly Lev	rerette	
<u> </u>	Signature of an authorized person	
Kimberly Leverette		
	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,

Entratus LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 11, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001051780**.

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 14th day of September, 2023 at 2:51 PM. This certificate is assigned ID Number 065183832.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.