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.

Email Address:_

CT-5 PH 2: 5

Foreign Limited Liability Company XPJ LLC

Certificate of Status	0
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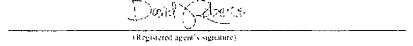
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,000. FLORIDA STATUTES THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TOTRANNACT BUSINESS IN THE STATE OF FLORIDA:

, XPJ LLC						
(Name of Foreign	Limited Liability Company; must include "Limited	Liabitity Com	pany," "L.L.C.," or "LLC.")			
(It name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	onda. The alterna	te name must meliide "Limited Liab	olity Company,"	"L.L.C." or	
2. (Amsolution under the law of which foreign limited liability company is organized)		3. (FLI mambet, of applicable)				
4.	(Date first transacted business in Florida, if prior to r					
	(See sections 60) 1984 & 60) 0905, F.S. to determine	ie penalty labilii	;i			
7901 4th St N STE 300 5. 6.			7901 4th St N STE 300			
(Street Address of Principal Office)			(Mailing Address)			_
St. Petersburg, FL 33702		\$t. F			_	
				·		_
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> ассер	table)		2023	
Name:	Registered Agents Inc		_	15 7 7	20 23 OCT -5	
Office Address.	7901 4th St N STE 300		_	7) -	_	1
	St. Petersburg		, Florida 33702	· .	AH 10: 50	کرے
	47.107.7		(Vib roug)			

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.



Tc: 18506176383

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: Anthony Goulart	□Manager	Name:
⊠Member	Address:	[]Member	Address:
□Authorized	7901 4th St N STE 300	⊟Authorized	
Person	St. Petersburg, FL 33702	Person	
□Other	□Other	□ Other	□Other
□Manager	Name:	[]Minager	Name:
□Member	Address:	□ Member	Address:
□Authorized		□ Anthorized	
Person		Person	
□Other	□ Other	□Other	Other
!_!Manager	Name:	!Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□ Authorized	
Person		Person	
□Other		E.Other	Other

Important Notice: Use an attachment to report more than six (6). 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 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.

	Robbin Genry	
	Sugnature of an authorized person	
Robin Jones		

Exped or printed name of signer

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.

XPJ LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on May 4, 2023, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2023-001263765.

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 5th day of October, 2023 at 9:21 AM. This certificate is assigned ID Number 065804730.



To: 18506176383