10/10/2023 10:34,12 PDT Tc: 18506176383 Page: i/-From: Registered Agents Inc. Fax: 8134365206

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.

(((H23000355264 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

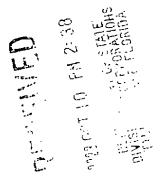
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (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:		



Foreign Limited Liability Company 303 Halifax LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu — Corporate Filing Menu —

Help

thursdiction under the law of which foreign limited liability company is organized)

7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable)

(FFI monber, if applicable)

 \simeq

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:

1. 303 Halifax LLC

(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.," or "

	(Date first transacted business in Florida, (Eprior to registration) (See Sections 605 0804 & 605 0805, F.S. to determine penalty	or) Jaabahiyi
7901 4th St N STE 300	6.	7901 4th St N STE 300
treet Address of Principal Office)		(Mailing Address)
St. Petersburg FL 33702		St. Petersburg FL 33702

			· .
Name:	Registered Agents Inc		
· Mille.			
Office Address.	7901 4th St N STE 300		_
	St. Petersburg	, Florida ³³⁷⁰²	
	CRV.	(Zip code)	

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.

David Beloves			
	(Registered agent's signature)	 	

To: 18506176383

Title or Capacity:	Name and Address:	Title or Capacit	Nume and Address:
□Manager	Name: Giorgi, Gaye	□Manager	Name: John Wojcik Jr
XMember	Address: 128 Dixwood Ave.	XMember	Address:
□ Authorized	Edgewater FL 32132	□Authorized	7901 4th St N STE 300
Person		Person	St. Petersburg FL 33702
□Other	Other	COther	
□Manager	Name:	□Manager	Name:
□Member	Address.	□Member	Address:
□ Authorized		□ Authorized	
Person		Person	
□Other	Other	□Other	□Other
∪Manager	Name:	I_!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. 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 \$.817.155, F.S.

	Color Color	
	Signature of an anthorared person	
Robin Jones		
	Typed 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.

303 Halifax LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **September 5**, **2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001325614**.

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 9th day of October, 2023 at 2:04 PM. This certificate is assigned ID Number 065901726.



Secretary of State