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COVER LETTER

TO:

JECT:	MILLENNIUM HOLDINGS LTD OF LA	KE GEM LLC				
Name of Limited Liability Company						
enclosed ence, and	"Application by Foreign Limited Liability defects are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.				
e return	all correspondence concerning this matter t	o the following:				
	CHARLES J SMITH					
		Name of Person				
	MILLENNIUM BUSINESS SERVIC	ES OF LAKE GEM LLC				
	Firm/Company					
	6551 NORTH ORANGE BLOSSOM TRAIL SUITE 209-304					
		Address				
	MOUNT DORA, FLORIDA 32757-7	013				
	C	ity/State and Zip Code				
	CSMITH@MILLENNIUMBUSINESS	ES.COM				
	E-mail address: (to be	used for future annual report notification)				
urther in	formation concerning this matter, please ca	H:				
CH	ARLES J SMITH	352 230-6901 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
	ling Address:	Street Address:				
_	istration Section	Registration Section				
	ision of Corporations	Division of Corporations The Control of Tollahorana				
	P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					
1 411	lanassee, 112 32314	Tallahassee, FL 32303				
	osed is a check for the following amount:					
Plea	se make check payable to: FLORIDA DEF	PARTMENT OF STATE				

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

OPELAWARE 93-4004040 2	1. (Name of Foreign	ING COMPANY LTD OF LAKE GEN Limited Liability Company; must include "Limite	ed Liability	Company, "L.L.C.," or "LLC.")	· -			
DELAWARE 2.	(If name unavailable enter altermite)	name adopted for the purpose of transacting business in I	Florida. The al	ternate name must include "Limited I	Liability Company,"	"L.L.C," or "L	.l.C.")	
4. Chair first transacted business in Florida, if prior to registration 1 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) MILLENNIUM HOLDING COMPANY LTD OF 5. (Mailing Address) 17830 FRONT STREET 6551 NORTH ORANGE BLOSSOM TRAIL SUIT MOUNT DORA, FL 32757-9787 TAVARES, FL 32778-9739 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CHARLES J SMITH Name: CHARLES J SMITH Name: 272 SILVERADO STREET	DELAWARE			93-4004040				
4	(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI num	iber, if applicable)			
(Date first transacted business in Florida, if prior to registration) MILLENNIUM HOLDING COMPANY LTD OF 5. (Street Address of Principal Office) MOUNT DORA. FL 32757-9787 TAVARES. FL 32778-9739 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CHARLES J SMITH Name: CHARLES J SMITH Name: 272 SILVERADO STREET (Discovered business in Florida, if prior to registerately liability) MILLENNIUM HOLDING COMPANY LTD OF (Mailing Address) MILLENNIUM HOLDING COMPANY LTD OF (Mailing Address) TAVARES. FL 32778-9739 STORY TAVARES. FL 32778-9739 STORY TAVARES. FL 32778-9739 STORY TAVARES SILVERADO STREET Office Address:								
MILLENNIUM HOLDING COMPANY LTD OF 5	4.	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	n registration nine penalty li	ability)				
MOUNT DORA. FL 32757-9787 TAVARES, FL 32778-9739 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CHARLES J SMITH Name: 272 SILVERADO STREET Office Address:	MILLENNIUM HOLI 5. (Street Address of Principal Office)	NING COMBANY LTD OF		MILLENNIUM HOLDING				
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CHARLES J SMITH Name: 272 SILVERADO STREET Office Address:				6551 NORTH ORANGE BLOSSOM TRAIL SUIT				
Office Address:	MOUNT DORA. FL 3	2757-9787	7	TAVARES, FL 32778-973	39 ري سات	2023		
Office Address:	7. Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> ac	eceptable)	CRETAR	OCT 24		
Office Address:	Name:	CHARLES J SMITH			SEED	PH I		
TAVARES 32778-9739	Office Address:	272 SILVERADO STREET			FLE	52		
(City) , Florida (Zip code)								
(City) (Zip code)		(City)		(Zip code)				

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.

(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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: WILLIAM P BROWN Name: MICHELLE E BROWN Name: □Manager □ Manager Address: 17830 FRONT STREET 17830 FRONT STREET **≣**Member ■ Member MOUNT DORA, FL 32757-9787 MOUNT DORA, FL 32757-9787 □ Authorized □ Authorized Person Person □Other ☐Other_____ □Other ☐Other CHARLES J SMITH Name: □Manager Name: □Manager 272 SILVERADO STREET □Member Address: □Member Address: ___ TAVARES, FL 32778-9739 □ Authorized Authorized Person Person □Other__ □Other_____ □Other □()ther □Manager Name: □Manager Name: _____ Address: Address: □Member □ Member □ 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. 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. Signature of an authorized person

Typed or printed name of signee

CHARLES J SMITH

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

DELAWARE, DO HEREBY CERTIFY "MILLENNIUM HOLDING COMPANY LTD OF LAKE

GEM 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 NINETEENTH DAY OF OCTOBER, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MILLENNIUM"
HOLDING COMPANY LTD OF LAKE GEM LLC" WAS FORMED ON THE NINETEENTH
DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204410028

Date: 10-19-23