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COVER LETTER

TO:

lication by Foreign Limited Liability Cock are submitted to register the above represented to respondence concerning this matter to Sherrill Margalroy	eferenced foreign limited liability company to transact business in Flor the following:
lication by Foreign Limited Liability Cock are submitted to register the above represented to respondence concerning this matter to Sherrill Margalroy	company for Authorization to Transact Business in Florida," Certificate eferenced foreign limited liability company to transact business in Flor the following: C
respondence concerning this matter to Sherrill M Murgalro	Name of Person Yol Holdings LLC Firm/Company
Sherrill M Murgatros	Name of Person Yel Holdings LLC Firm/Company
Murgatros	yd Holdings LLC Firm/Company
Murgatros	yd Holdings LLC Firm/Company
4532 W. Ke	Address , FL 33629
Lampa	Address FL 33629
Aumpa	, FL 33629
Cit	ty/State and Zip Code
SMickeye Prime	
E-mail address: (to be	used for future annual report notification)
ition concerning this matter, please call	;
rrill Mickey	at (S13) 481-0466 Area Code Daytime Telephone Number
Name of Contact Person	Area Code Daytime Telephone Number
ddress:	Street Address:
	Registration Section Division of Corporations
•	The Centre of Tallahassee
see, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
is a check for the following amount: ke check payable to: FLORIDA DEPA	
	iddress: tion Section of Corporations x 6327 see, FL 32314

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Fi					ī," er "l.	LC.
(Durindiction under the law of which foreign limited liability company is organized)		3	(FEI number, it applicable)				
	8-1-23						
	(Date first transacted husiness in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	ne penalty liability}					
12-125 Acdress of Principal Office)	Prace Truck Rd	6. <u>45</u>	32 W. iling Address 1	henn	-d1		
Suite 101	, Lampa	H	316	Tan	7PL		
)—L	33626		FL.	336	29	21	
ame and street addre	ss of Florida registered agent: (P.O. Box	NOT_acceptabl	le)			2023 HOY -8	- 1
Name:	Registered Agents Inc						
Office Address:	7901 4th St. N STE 300				•	44 10: 44	
	St. Petersburg	···································	Florida _337	02		-	

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 crage [up to six (6) total] Name and Address: Title or Capacity: Name and Address: (c) Or Capacity: Name Sherrill Mickey Name: Manager ..nager Address, 12425 Race Track Rel □Member Address: · Lonber that, Tumpa, FL □ Authorized XAuthorized Person cison □Other _____ COther_____ □Other_____ Name. ______ Name _____ □ Manager ' i mager **⊞**Member Address Address: ______ Limber □Authorized : thorized ... Person □Other____ □Other ___ Name: □ Manager Ennager □ Member Address: Address. 'Umber Authorized suborized Person i'irson □Other_____ Other COther____ or portant Natice. Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonfired individuals may be added to the index when filing your Florida Department of State Annual Report form thened is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the stretion under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath translator must be submitted); this document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. I am aware that any false information hatted 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 Athensed person Fremil Mickey

Typed or printed name of signer



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

DELAWARE, DO HEREBY CERTIFY "MURGATROYD HOLDINGS, 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-SIXTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MURGATROYD HOLDINGS, LLC" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 2016.

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

Authentication: 204454858

Date: 10-26-23

6046944 8300 SR# 20233821171