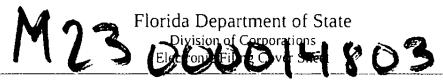
Division of Corporations



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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 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:___

Foreign Limited Liability Company Evandr LLC

Certificate of Status	0
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Page Count	04
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Help

11/17/2023 13:26:57 PST To: 18506176383 Page: 2/4 From: Registered Agents Inc Fax: 8134365206

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

IN COMPLIANCE WITH SECTION 615,0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware Thinsdiction under the law of w	hich foreign limited liability company is organized)	3	(FEE number	if amplicable)	
Clurisdiction under the law of w	hich foreign limited liability company is organized)	· -	(FEI number,	if applicable)	
				. In approved	_
	(Date first transacted business in Flatida, if prior to 1 (See sections 605 0904 & 605 0905, F.S. to determine	egistration,) ne penalty ha	rbilityi		
7901 4th St N STE 300		6 7	901 4th St N STE 300		
t Address of Principal Office)		··· <u> </u>	(Mailing Address)		_
St. Petersburg, FL 3370	02	S	t. Petersburg, FL 33702		
Name:	Registered Agents Inc			2023 NOV 17 I	
Office Address:	7901 4th St N STE 300	- · · <u>-</u>		PH 6	۱ چ
	St. Petersburg		, Florida 33702	8:05	
	+ · · · · · · · · · · · · · · · · ·			F. OI	
	(Спу)		(Zip code)	·	

Fax: 8134365206

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	<u>y:</u>	Name and Address:
□Manager	Name: Kathleen Saeger	□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:	□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		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.

	Robins Joney
	Signature of an authorized person
Robin Jones	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "EVANDR 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EVANDR LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2023.

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

Authentication: 204619117

Date: 11-17-23