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.

(((H230004092123)))



H230004092123ABCX

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

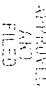
Fax Number : (813)436-5206

*	*Enter the	email	address	for	this	busin	ess	entity	to	be	used	for	future	
,  	€ annual	report	: mailin	gs.	Enter	only	one	email	add	res:	5 ple	ase.	**	

Email	Address:	

## Foreign Limited Liability Company **Proper Partners LLC**

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



Electronic Filing Menu Corporate Filing Menu

11/30/2023 08:35:37 PST

To: 18506176383 Pa

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 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Proper Partners LLC (Name of Foreign)	Limited Liability Company; must include "Limited	Liability Comp	siny," "E.L.C.," or "LLC.")	ł		<del></del>	
If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida. The alternate	: name must include "Limited I	Lability Com	pany," "LL	C." or "LLC."	
Delaware		<sub>3</sub> , 37-2	014569				
Durisdiction under the law of w	(FE) number, if applicable)						
	(Date first transacted business in Florida, if prior to 1See sections 605,0904 & 605 0805, E.S. to determi	registration.) ne penalty hability	)				
7901 4th St N STE 300	)		4th St N STE 300				
areer Address of Principal Office)		0	Mailing Address)	<u> </u>			
St. Petersburg FL 3370	2	St. Pe	etersburg FL 33702				
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accept	able)		20:		
Name:	Registered Agents Inc	·	_		2023 NOV 30	五	
Office Address:	7901 4th St N STE 300		-		_		
	St. Petersburg		, Florida 33702	•	AN 10: 50	٠.	
	(City)		(Zip code)		50		

### 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.

Dirt Refrace		
	(Registered agent's signature)	

Title or Capacity:	Name and Address:	Title or Capacit	t <u>v:</u>	Name and Address:
⊠Manager	Name:	□Manager	Name:	
□Member	Address: 7901 4th St N STE 300	□Member	Address: _	
□Authorized	St. Petersburg FL 33702	□Authorized		
Person		Person		
□Other	□Other	□Other		□ Other
□Munuger	Name:	□Manager	Name:	
□Member	Address:	□Member	Address: _	
□Authorized		□ Authorized		
Person		Person	***************************************	
□Other	O0ther	□ Other	<u>.</u>	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.

Robin	N Jewsy	
	Signature of an authorized person	
Robin Jones		
•	Transfer against Lauren of Leaves	

# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PROPER PARTNERS 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-NINTH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROPER PARTNERS"

LLC" WAS FORMED ON THE FIRST DAY OF SEPTEMBER, A.D. 2021.

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

at corp.delaware.gov/auth

Authentication: 204687952

Date: 11-29-23