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(Requestor's Name)					
(Address)					
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UF	WAIT MAIL				
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(Document Number)					
Certified Copies	Certificates of Status				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500						
ACCOUNT NO. : I20000000195 REFERENCE : 222160 7986366 AUTHORIZATION : TILL MO. COST LIMIT : \$ 125.00						
ORDER DATE : December 20, 2023						
ORDER TIME : 1:41 PM						
ORDER NO. : 222160-010						
CUSTOMER NO: 7986366						
FOREIGN FILINGS NAME: PATTY, LLC						
XXXX QUALIFICATION (TYPE: <u>LL</u>)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Eyliena Baker EXT#						

EXAMINER:

COVER LETTER

TO:

Registration Section

1Nd	me of Limited Liability Company
	y Company for Authorization to Transact Business in Florida," C e referenced foreign limited liability company to transact busines
eturn all correspondence concerning this matter	to the following:
SETH COHEN	
·===:	Name of Person
PATTY, LLC	
	Firnt/Company
1002 E NEWPORT CENTER DR	IVE, SUITE 200
	Address
DEERFIELD BEACH FL 33442	
	City/State and Zip Code
KLEVERETTE@INSURANCECAF	REDIRECT.COM
E-mail address: (to	be used for future annual report notification)
her information concerning this matter, please o	ealt:
KIM LEVERETTE	919 618-7011 at ()
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida The alternate name n	nust include "Limited Linh	dity Company ""L L C " or "LLC")	
Nevada 2.					
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number, if applicable)			
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration)			
1002 EAST NEWPO	ORT CENTER DRIVE		T NEWPORT CE	ENTER DRIVE	
Street Address of Principal Office)		6. (Mailing Address)			
SUITE 200		SUITE 200	0		
DEERFIELD BEACH	I, FL 33442	DEERFIE	LD BEACH, FL 3:	3442	
XI	ss of Florida registered agent: (P.O. Box	NOT accentable)		2023	
. Name and <u>street addre</u>	or ronda registered agent. (1.0. Dox	<u>HOT</u> acceptable;		ACT DEC	
. Name and <u>street addres</u> Name:	Corporation Service Company	isot_acceptancy		DEC 21	
		<u>acceptance</u>		DEC 21 MAII	
Name:	Corporation Service Company		32301 orida	DEC 21 AHTH: 26	
Name:	Corporation Service Company 1201 Hays Street			CEL MAILS	
Name: Office Address: tegistered agent's acceptaving been named us reesignated in this applicate comply with the provise	Corporation Service Company 1201 Hays Street Tallahassee	Floorocess for the above registered agent a	rida	ability company at the place this capacity. I further agre	

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:	Name and Address:
■Manager	Name: BRAD COHEN	■Manager	Name: SETH COHEN
□Member	Address:	□Member	Address: 1002 E NEWPORT CENTER
□Authorized	SUITE 200	□Authorized	SUITE 200
Person	DEERFIELD BEACH FL 33442	Person	DEERFIELD BEACH FL 33442
□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	<u>.</u>	□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 s.817.155, F.S.

Seth Cohen Signature of an authorized person

PATTY, LLC

1002 E. Newport Center Drive, Suite 200 Deerfield Beach, Florida 33442

Please accept this document as official notification that the Nevada company, Patty LLC may use this name as of today's date, December 20, 2023. Patty, LLC, should be listed as a foreign entity in Florida and a domestic in Nevada.

PATTY, LLC

Seth Cohen, Manager

Seth Cohen-

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PATTY**, **LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 07/09/2019, and is in good standing in this state.



Certificate Number: B202312214209784

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Scal of State, at my office on 12/21/2023.

FRANCISCO V. AGUILAR Secretary of State