Division of Corporations

# 12/22/23, 1:16 PM

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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## **Foreign Limited Liability Company** SB 80 LLC



Certificate of Status	0
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12/22/2023 10:18:59 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 (0)5,0902, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED ILABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SB 80 LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLLC," or "LLC,") Illinois (hirisdiction under the law of which foreign innited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty hability) 6. 7901 4th St N STE 300 7901 4th St N STE 300 (Street Address of Principal Office) St. Petersburg FL 33702 St. Petersburg FL 33702 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Northwest Registered Agent LLC Name: 7901 4th St N STE 300 Office Address: \_ , Florida \_\_\_ St. Petersburg

#### 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.

To: 18506176383

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 Capacit	<u>v:</u>	Name and Address:
<b>X</b> Manager	Name: Ryan Murphy	□Manager	Name:	
□Member	Address:	□Member	Address: _	
□Authorized	7901 4th St N STE 300	□Authorized		
Person	St. Petersburg FL 33702	Person		
□Other	O1her	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

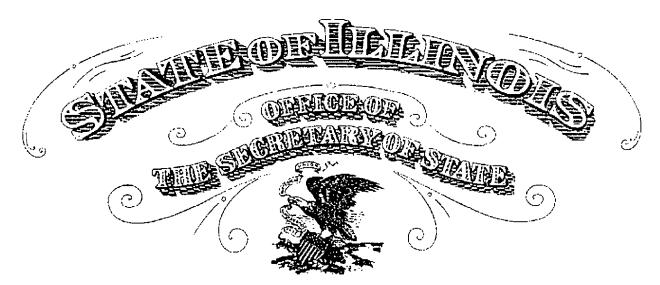
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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 \$.817.155, F.S.

	/VVT SMVTV	
	Signature of an authorized person	
Nat Smith		
·	Typed or printed name of signee	

## File Number

1338269-7



# To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

## Department of Business Services. I certify that

SB 80 LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 16, 2023, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST day of DECEMBER A.D. 2023 .

Authentication #: 2335500996 verifiable until 12/21/2024

Authenticate at: https://www.ilsos.gov

THE SERVE