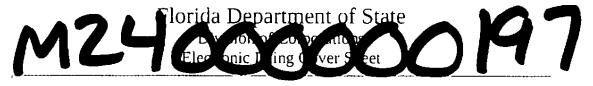
Division of Corporations



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.

(((H24000007672 3)))



H240000076723ABC

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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 Lake City Home Improvement LLC

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

JAH -5 PH 2: 28



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Corporate Filing Menu

Help

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:

name unavailable, enter alternate	name adopted for the purpose of transacting business in F	Florida. The alte	mate name must include "Unnited Liab	bility Company," "L.L.C," or "	"LLC."
WA		3.	7-4642844		
Durisdiction under the law of	which foreign limited liability company is organized)		(FEI numbe	r, if applicable)	
	(Note to true sold below to Electrical				
	(Date liest transacted business in Florida, if prior to (See sections 605 1994 & 605,0905, F.S. to determ	ine penalty ha	odn'y)		
7901 4th St N		6 4	71 Bayou blvd		
eet Address of Principal Office)		·	(Mailing Address)		_
STE 300		23	3		_
St. Petersburg, FL 337	702	P	ensacola FL 32503		_
	202 <u>ess</u> of Florida registered agent: (P.O. Box	_	····	20	
	····	_	····	2024 JAN	_
	ess of Florida registered agent: (P.O. Box	_	····	5.	
Name and street addre	Registered Agents Inc	_	····	* · · · · · ·	
Name and street addre	Registered Agents Inc 7901 4th St N STE 300	_	reptable)	-5 PM	

1/5/2024 10:15:19 PSJ

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>y:</u>	Name and Address:
□Manager	Name: Denisyuk, Viktoriya	□Manager	Name:	
∑ Member	Address: 4771 Bayou Blvd	□Member	Address:	
□Authorized	233	□Authorized		
Person	Pensacola FL 32503	Person		
□Other	□Other	Other		□ Other
□Managor	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

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.

Labora Joseph		
	Signature of an authorized person	•
Robin Jones		
-	Typed or printed name of some	



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

LAKE CITY HOME IMPROVEMENT LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 01/21/2022.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 01/04/2024 UBI Number: 604 862 454

R Hohir



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 01 04:2024