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DATE:

01/12/2024

NAME: FSE GUARDIAN, LLC

TYPE OF FILING: APPLICATION

COST:

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## 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 of Foreign	C Limited Liability Company: must include "Limited	Liability (	Company," "L.E.C.," or "LLC.")	
f name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	rida, The al	ternate name must include "Limited Liability Co	mpany," "L.L.C." or "LEC."
Delaware		99-0517436		
(Jurisdiction under the law of which foreign limited liability company is organized)			(Fit number, (Capplicable)	
N/A				
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	egistration ) c penalty li	ability)	
401 E Las Olas Blvd Ste. 130-627		4	401 E Las Olas Blvd Ste. 130-627	
treet Address of Principal Office)		o	(Mailing Address)	7 E .
Fort Lauderdale, FL 33301		F	Fort Lauderdale, FL 33301	2024 JAH 12 PH 47 48 SEGRETARY SEGRET
		_		PT
		_		
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT ac	rceptable)	77 60
			•	
Name:	Registered Agent Solutions, Inc.			
Office Address:	2894 Remington Green Ln. Ste. A			
	Tallahassee		32308 , Florida	
			(Zip code)	

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.

/s/ Kristin Pearlstein, Assistant S	Secretary
(Registered agent's signa	iture)

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]:

Name and Address:	Title or Capacity	Name and Address:
Name: Renzo Pisa	■Manager	Name:
Address: 13 Doaks Ln	□Member	Address: 6520 SW 114th St
Marblehead, MA 01945	□Authorized	Pinecrest, FL 33156
	Person	
Other	Other	Other
Name:	□Manager	Name:
Address:	□Member	Address:
	Authorized	
	Person	
Other	Other	Other
Name:	□Manager	Name:
Address:	□Member	Address:
	□Authorized	
	Person	
Other	Other	Other
may be added to the index when filing you ilicate of existence, no more than 90 days of	r Florida Department of Sta old, duly authenticated by th	te Annual Report form.  e official having custody of records in the
_	Name:	Name: Renzo Pisa

Signature of an authorized person

Typed or printed name of signee

Renzo Pisa

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# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FSE GUARDIAN, 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 FOURTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FSE GUARDIAN,
LLC" WAS FORMED ON THE THIRD DAY OF JANUARY, A.D. 2024.

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

Authentication: 202520913

Date: 01-04-24

2877406 8300 SR# 20240027569