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CORPORATE ACCESS, _____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COP	Y		-	
X	РНОТОСОРУ		···		
	GS				
X	FILING	FOREIG	N LLC		<u>.</u>
<u>Y</u>	OLO HOLDINGS	, LLC			
(C	ORPORATE NAME AND	DOCUMENT #)			
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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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Yolo Holdings - DE, LLC	_					
f name unavailable, enter alternate o	ame adopted for the purpose of transacting business in Flori	ia. The alternate name must include "Limited Liab	sility Company," "L.L.C," or "LLC			
Delaware 2.		3.				
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI trumber, if applicable)				
ŀ. <u></u>						
	(Dute first transacted business in Florida, if prior to reg (See acctions 605.0904 & 605.0905, F.S. to determine	istration.) peralty liability)				
2705 NE 15th St.		2705 NE 15th St.				
Street Address of Principal Office)		6. (Mailing Address)				
Fort Lauderdale, FL 33304		Fort Lauderdale, FL 33304				
7. Name and street address	s of Florida registered agent: (P.O. Box)	<u>·····································</u>	20			
Name:	Registered Agent Solutions, Inc.		[1] 2024 FEB			
Office Address:	2894 Remington Green Ln. Ste. A					
	Tallahassee	32308 , Florida				
	(City)	(Zip code)	— ვე			

Eyer Takala

(Registered egent's signs are)

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:	į	Name and Address:
□Manager	Name: Marvin Mickow	□Manager	Name;	
≅ Memb er	Address: 2705 NE 15th St.	_	Address:	
□Authorized	Fort Lauderdale, FL 33304	\(\sum \) Authorized		
Person		Person		
□Other	Other	Other		□Other
□Manager	Name:	☐Manag er	Name:	
□Member	Address:	☐Member	Address:	
☐Authorized	·····	_		
Person		Person		
Other	Other	Other		Other
□Manager	Name:	□Manager	Name:	
□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.



Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "YOLO HOLDINGS, 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 THIRTEENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "YOLO HOLDINGS, LLC" WAS FORMED ON THE SIXTH DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 202800213

Date: 02-13-24

6605461 8300 SR# 20240482725