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To:

Division of Corporations Far Numbel 1 (850)617-6383

From:

Account hame : REGISTERED AGENTS INC.

Account Number . 128890000081 : (307)200-2803 Phone 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.**

Fmail Address:_

Foreign Limited Liability Company Grand Horizons Rentals LLC

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To: 18506176383

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Fax: 8134365206

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

IN COMPLIANCE WITH SECTION 6(5,080), FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Grand Horizons	Rentals LLC						
(Name of Foreign	Limited Frability Company; must include "Limite	ed Liabilit	y Company, "L.I.,C.," or "LI.C.")				
(II name unavailable, enter alternate	name adopted for the purpose of transacting business in E	lorata The	alternate name must include "Limited I is	shifty Company," "I	l. C." or "L	LC.")	
2 Wyoming		3.	93-4542681	542681			
Huristiction under the law of which (oreign limited hability company is organized)		•	if El munbo	If El number, il applicable)			
4							
	(Date first transacted business in Florida, it prior to (See sections 605 1994) & (03 0905, F.S. to determ	registration	n.) habibiyi				
7901 4th St N STE 300 5.			7901 4th St N STE 300				
(Street Address of Principal Office)		٠,,	(Mailing Address)				
St. Petersburg FL 33702			St. Petersburg FL 33702				
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT :	acceptable)				
				3	~		
Name:	Registered Agents Inc			:	2024 F	(E) ==	
					뗤	*** !	
Office Address.	7901 4th St N STE 300			÷.	26) 	
	St. Petersburg		, Florida 33702		77	i.ees.	
	(Cuy)		(Zip code)		ထဲ	أكعييعة	

Registered agent's acceptance:

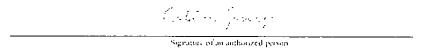
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

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:		□Manager	Name: Dustin Moore
□Member	Address:		X Member	Address:
□Authorized			□ Authorized	7901 4th St N STE 300
Person			Person	St. Petersburg FL 33702
□Other		□Other	□ Other	□Other
□Manager	Name:	W	□Manager	Name.
□Member	Address:		□Member	Address:
□Authorized			□ Authorized	
Person			Person	
[]Other		□Other	□ Other	□Other
⊔Manager	Name:		∐Manager	Name:
□Member	Address:		□Member	Address:
□Authorized		7	□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. 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.



STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office.

Grand Horizons Rentals LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 21, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001364586**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 23rd day of February, 2024 at 10:07 PM. This certificate is assigned ID Number 070277829.



Secretary of State