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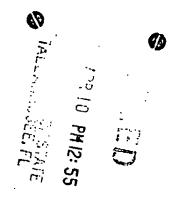
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

TO:	Registration Section Division of Corporations	
	\mathcal{Q} .	11 10 11 0
SUBJI	ect:jigger	than Yourself LLC
	- Name of	Limited Liability Company
The en Exister	closed "Application by Foreign Limited Liability Comice, and check are submitted to register the above reference."	npany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter to the	e following:
	Doniella Diser	ens
		lame of Person
	12 Ha W	range 110
		irm/Company
	69 C Pol. 1	
	J Canary 100m	Address
	$\frac{1}{2}$	1 2100
	<u> Jonte Vedra TLORI</u> City/	State and Zip Code
	danielladiserensa	amail. com
	E-mail address: (to be us	ed for future annual report notification)
For fu	ther information concerning this matter, please call:	•
	Name Ha Discourse	904 . 667 89 10
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount:	
	Please make check payable to: FLORIDA DEPAR	
	\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of S	

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 DRANSACT BUSINESS IN THE STATE OF FLORIDA:	
(Name of Forbigh 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," "L.L.C," or "LLC")	
2. (Junisdictue'n under the law of which foreign limited trability company is organized) 3. 99 - 0669 7-87 (FEI number, if applicable)	
4. (Date first trunsacted business in Plorida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability)	
5. 59 Canary Palm Court 6. 59 Canary Palm Court (Mailing Address)	
3208 Ponte Vedra, 71 Ponte Vedra 32081	
<u> </u>	
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	Ø
Name: Postillion Law Group, LLC	
Office Address: 12724 Gran Bay Parkway West, Swite 410	
Jacksonville Florida 82258 75 37	
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.	
(Registered agent's sugnature)	

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: Title or Capacity: Name: _____ □Manager Manager Name: 1 Address: _____ Member **CHOIV** ☐ Member □ Authorized Authorized Person Person □Other_____ □Other___ □Other _____ □Other Name: _____ Name: _____ ☐ Manager □Manager Address: Address: _____ □Member □ Authorized □ Authorized Person Person □Other_____ □Other____ Other___ Other___ Name: _____ ☐Manager Name: _____ ☐ Manager Address: ______ ☐ Member □ 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 s.817.155, F.S. Signature of an authorized person

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BIGGER THAN YOURSELF 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 FIRST DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIGGER THAN YOURSELF LLC" WAS FORMED ON THE FIFTEENTH DAY OF MAY, A.D. 2023.

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

Authentication: 203148105

Date: 04-01-24

7462047 8300 SR# 20241242105