Division of Corporations

Florida Department of State Division of European ons Europic ring Cer Sheet

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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

fter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

nail	Address:			

Foreign Limited Liability Company Carcione Family Partners LLC

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

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5/29/2024 10:02:53 PDT ^ To: 18506176383 Page: 2/4 Fax: 8134365206

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	Limited Liability Company; must include "Limited	Liability	Company," "L.L.C.," or "LLC.")		-
f name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida The	alternate name must include "Limited Liability Compan	5,7 "L.L.C," or "l	LLC.")
Washington		3.	77-0380841		
(Jurisdiction under the law of which foreign limited hability company is organized)		(FEI number, if applicable)			
,	(Dys for tray set of burious at Florida 11 oray)	nama lentan			
	(Date first transacted business in Florida, if prior to a (See sections 605-0904-8; 605-0905; F.S. to determine	ne penalty	liability)		
7901 4th St N STE 300		6	7901 4th St N STE 300 (Nading Address)		
reet Address of ('rincipal Office)		0.	(Mading Address)		-
St. Petersburg FL 33702		St. Petersburg FL 33702			
					
					-
Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	ecceptable)	707	
	Nedburgh Baristand Arabi I C			2 XVH 11717	
Name:	Northwest Registered Agent LLC			۲ ک	
Office Address:	7901 4th St N STE 300			9 PH	
	St. Petersburg		Florida 33702	નું હ	•••
	(Cry)		(Zip ende)	-	

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.

7FM		
	(Registered agent's signature)	

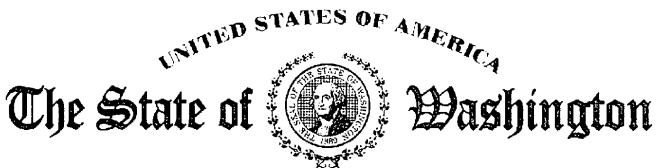
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
☑Manager	Name: Pandolfi (fka Carcione), Diane	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	7901 4th St N STE 300	□Authorized		<u> </u>
Person	St. Petersburg FL 33702	Person		<u></u>
Other	Other	Other		□Other
⊮ Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	····
□Authorized	7901 4th St N STE 300	□ Authorized		
Person	St. Petersburg FL 33702	Person	***************************************	
Other	Other	Other		Other
∐Manager	Name:	⊔Manager	Name:	
□Member	Address:	□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. 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 5.817.155, F.S.

N31 87	neight o	
<u> </u>	Signature of an authorized person	
Nat Smith		
	Typed or printed name of signee	



Secretary of State

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

CERTIFICATE OF EXISTENCE

OF

CARCIONE FAMILY PARTNERS, LLC

1 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 12/31/2003.

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: 05/27/2024 UBI Number: 602 354 114

R Hollie



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

Steve R. Hobbs, Secretary of State

Date Issued: 03/27/2024