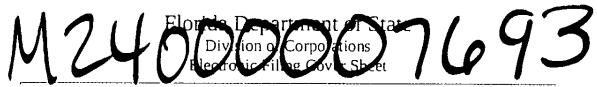
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000208322 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 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.

E11	Address:			
	Address:			

Foreign Limited Liability Company Prolific Consultants LLC

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

Electronic Filing Menu — Corporate Filing Menu

Help

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

Prolific Consultants LL	SINESS IN THE STATE OF FLORIDA: C					
(Name of Foreign	Limited Liability Company; must include "Limite	d Crability Comp	any.""L.L.C.," or "El.C.")			
	ame adopted for the purpose of transacting business in F	lorida. The alternate	name must include "Limited Liability Co.	mpany," "LL.C," or "L		
elaware		, 9235	8866 56			
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	J	(FEI number, if applicable)			
······································	(Date lint from sated beginning in Florida, it may be	frontestus)				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	me penalty hability))			
7901 4th St N STE 300		7901	4th St N STE 300			
et Address of Principal Office)		0.	Mailing Address)			
St. Petersburg FL 3370	2	St. Pe	etersburg FL 33702			
						
•						
Name and street addres	s of Florida registered agent: (P.O. Box	NOT accepts	able)	H.70.		
				يال		
Massa	Registered Agents Inc			11 1400 h707		
Name:			-			
Office Address:	7901 4th St N STE 300			PH		
comment of the contract of the			-	2: 2		
	St. Petersburg		. Florida 33702	28		
	(Cny)		(Zin code)			

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.

Did Refiers		
	(Registered agent's signature)	

8. For	initial indexing purposes, lis	t names, title or capaci	ty and addresses of	the primary	members/managers or	persons a	uthorized to
manage	[up to six (6) total]:						

Title or Capacity:	Name and Address:	Title or Capacity	<u> </u>	Name and Address:
□Manager	Name:	□Manager	Name:	
⊠Member	Address: 7901 4th St N STE 300	□Member	Address:	
□Authorized	St. Petersburg FL 33702	□Authorized		
Person		Person		
Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
☐Authorized	***	□Authorized		
Person (1)		Person		
Other	□ Other	Other		Other
, _r . L]Manager	Name:	∐Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	<u> </u>	
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.

Robins	porcy	
	Signature of an authorized person	
Robin Jones		
	Typed or printed name of signee	





Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROLIFIC CONSULTANTS 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 FOURTEENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROLIFIC CONSULTANTS LLC" WAS FORMED ON THE SEVENTEENTH DAY OF APRIL, A.D. 2023.

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

You may verify this certificate online at corp.delaware.gov/authver.shtml

7409669 8300

Authentication: 203712351

Date: 06-14-24

SR# 20242878114