

**M24000008433**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H24000225118 3)))



H240002251183ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
See Through Prospects SE LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

# 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:

1. See Through Prospects SE LLC

(Name of Foreign 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.")

North Carolina

99-3658963

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

16 Venus Lane

16 Venus Lane

5. (Street Address of Principal Office)

6. (Mailing Address)

Mooreville, NC 28117

Mooreville, NC 28117

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DRAGE CPA, PLLC

Office Address: 1550 Madruga Avenue, Suite 150

Coral Gables, Florida 33146  
(City) (Zip 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.



Saray Djidji, Attorney in Fact

(Registered agent's signature)

2024 JUL - 1 PM 4:47

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):

| <u>Title or Capacity:</u>                                  | <u>Name and Address:</u>                             | <u>Title or Capacity:</u>                                       | <u>Name and Address:</u>               |
|--|--|---|--|
| <input type="checkbox"/> Manager                           | Name: <u>Joyce Glass</u>                             | <input type="checkbox"/> Manager                                | Name: <u>James Glass</u>               |
| <input type="checkbox"/> Member                            | Address: <u>16 Venus Lane</u>                        | <input type="checkbox"/> Member                                 | Address: <u>16 Venus Lane</u>          |
| <input type="checkbox"/> Authorized                        | <u>Moorestville, NC 28117</u>                        | <input type="checkbox"/> Authorized                             | <u>Moorestville, NC 28117</u>          |
| Person   | <u></u>  | Person  | <u></u>                                |
| <input checked="" type="checkbox"/> Other <u>President</u> | <input checked="" type="checkbox"/> Other <u>CFO</u> | <input checked="" type="checkbox"/> Other <u>Vice President</u> | <input type="checkbox"/> Other <u></u> |
| <input type="checkbox"/> Manager                           | Name: <u></u>  | <input type="checkbox"/> Manager                                | Name: <u></u>                          |
| <input type="checkbox"/> Member                            | Address: <u></u>                                     | <input type="checkbox"/> Member                                 | Address: <u></u>                       |
| <input type="checkbox"/> Authorized                        | <u></u>  | <input type="checkbox"/> Authorized                             | <u></u>                                |
| Person   | <u></u>  | Person  | <u></u>                                |
| <input type="checkbox"/> Other <u></u>                     | <input type="checkbox"/> Other <u></u>               | <input type="checkbox"/> Other <u></u>                          | <input type="checkbox"/> Other <u></u> |
| <input type="checkbox"/> Manager                           | Name: <u></u>  | <input type="checkbox"/> Manager                                | Name: <u></u>                          |
| <input type="checkbox"/> Member                            | Address: <u></u>                                     | <input type="checkbox"/> Member                                 | Address: <u></u>                       |
| <input type="checkbox"/> Authorized                        | <u></u>  | <input type="checkbox"/> Authorized                             | <u></u>                                |
| Person   | <u></u>  | Person  | <u></u>                                |
| <input type="checkbox"/> Other <u></u>                     | <input type="checkbox"/> Other <u></u>               | <input type="checkbox"/> Other <u></u>                          | <input type="checkbox"/> Other <u></u> |

**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.



Signature of an authorized person

Saray Djidji, Attorney in Fact

Typed or printed name of signer



# NORTH CAROLINA

## Department of the Secretary of State

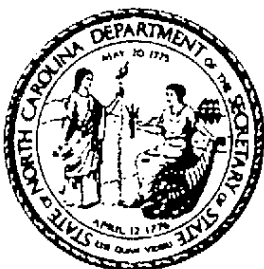
### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### SEE THROUGH PROSPECTS SE LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 26th day of June, 2024

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of July, 2024.

*Elaine F. Marshall*

Secretary of State