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SECRE LAKE STATE STATE OF CORPORALISMS

COVER LETTER

Registration Section Division of Corporations

TO:

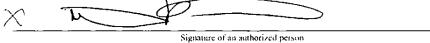
SUBJECT: T	REEHOUSE AT THE BEACH, LLC	6,26.24	
Name of Limited Liability Company			
		mpany for Authorization to Transact Business in Florida." Certificate of Perenced foreign limited liability company to transact business in Florida	
Please return al	1 correspondence concerning this matter to t	he following:	
	SANDY HOGUE		
Name of Person			
	LIBERIS LAW FIRM, P.A.		
Firm/Company			
212 W. INTENDENCIA STREET			
Address			
	PENSACOLA, FL 32502		
	City	/State and Zip Code	
	ASSISTANT@LIBERISLAW.COM		
	E-mail address; (to be u	sed for future annual report notification)	
For further info	rmation concerning this matter, please call:		
SANI	DY HOGUE	at (850) 438-9647 EXT. 6	
	Name of Contact Person	at (850) 438-9647 EXT. 6 Area Code Daytime Telephone Number	
	ng Address: stration Section	Street Address: Registration Section	
	ion of Corporations	Division of Corporations	
	Box 6327	The Centre of Tallahassee	
Tallal	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPA 25.00 Filing Fee	& □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILIAN COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: TREEHOUSE AT THE BEACH, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Limbility Company," "LLC," or "LLC," WYOMING (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty liability) 16990 PERDIDO KEY DRIVE 16990 PERDIDO KEY DRIVE (Street Address of Principal Office) (Mailing Address) PERDIDO KEY, FL 32507 PERDIDO KEY, FL 32507 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CHRISTINA POWERS Name: 3700 CREIGHTON ROAD - SUITE 10 Office Address: PENSACOLA (City) 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 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: Name: Patrick Waller Name: Mark A. McBride ■ Manager ■ Manager Address: 33056 Flintwood Circle Address: 16990 Perdido Key Drive □Member □Member Perdido Key, FL 32507 Spanish Fort, AL 36527 □ Authorized □ Authorized Person Person □Other_____ □Other □Other____ □Other □ Name: ____ □Manager Name: □ Manager □Member □Member Address: Address: ☐ Authorized □ Authorized Person Person □Other_____ □Other □Other____ □Other____ Name: □Manager Name: _____ □Manager □ 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. 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.



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,

Treehouse at the Beach, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 19, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001477025**.

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 19th day of June, 2024 at 3:35 PM. This certificate is assigned ID Number 073717120.

huck Jra

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.