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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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

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Foreign Limited Liability Company

NATIONWIDE REAL ESTATE MANAGEMENT LLC

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COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT: NATIONWIDE REAL ESTATE MANAGEMENT LLC Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON			
	Name of Person		
	Firm'Company		
17350 STATE HWY 2	249 STE 220 Address		
HOUSTON, TX 77064	City State and Zip Code		
EFILE1234@INCFILE.C	COM be used for future annual report notification)		
for further information concerning this matter, please co	all;		
LOVETTE DOBSON	_{at (} 1 , 888-462-3453		
Name of Contact Person	at (1) 888-462-3453		
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	PARTMENT OF STATE [ce & □ \$155,00 Filing Fee & □ \$160,00 Filing Fee, Certificat of Status Certified Copy of Status & Certified Cop		

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

IN COMPLIANCE WITH SECTION 865,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

France, emeranence	name adopted for the purpose of transacting busine	ss in Florida. The alternate name must include "Limited Fiability Comp	any "ILI C" or "LLC")		
Wyoming Wyoming	which foreign innued hability company is organized	3. tFFI manner, if applice	ole i		
THE STATE OF THE S					
	(Date first transacted business in Florida (1)	prior to registration }			
312 W 2nd Street		6. 312 W 2nd Street			
Unit# A1224		Unit# A1224	Store 24. SU		
Casper, WY 82	601	Casper, WY 82601	1 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -		
. Name and street addre	<u>ss</u> of Florida registered agent; (P.O.	, Box NOT acceptable)	PH 4: 36		
Name:	REPUBLIC REGIS	BLIC REGISTERED AGENT LLC			
Office Address.	1150 Nw 72nd Ave	Tower 1 Ste 455			
	Miami	Florida 33126			
	egistered agent and to accept servic ttion, I hereby accept the appointm	e of process for the above stated limited liability c ent as registered agent and agree to act in this ca roper and complete performance of my duties, an	pacity. I further agi		

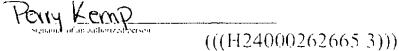
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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
⊒ Manager	Name: PK ACQUISITIONS, INC	Manager	Name:	
X Member	Address: 312 W 2nd Street	Member	Address	
II Authorized	Unit# A1224	Authorized		
Person	Casper, WY 82601	Person		-
Other	Other	Other		[]Other
Manager	Name:	, [™] Manager	Namet	
.IMember	Address:	_Member	Address:	····
□Authorized		DAuthorized		
Person		Person		
Other		Cother	41 M-	C!Other
≟Manager	Name:	∏Manager	Name:	
Member	Address:		Address:	
□ Authorized		,) Authorized		
Person		Person		
T Other	Other	Other		. Torher

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 talse information submitted in a document to the Department of State constitutes a third degree fellony as provided for in \$ 817.155. F.S.



STATE OF WYOMING ((Office of the Secretary of State

(((H24000262665 3)))

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office.

NATIONWIDE REAL ESTATE MANAGEMENT LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on June 24, 2024, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2024-001479233.

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 5th day of August, 2024 at 9:22 AM. This certificate is assigned ID Number 074974134.

Secretary of State