Florida Department of State

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.

(((H24000319584 3)))



H240003195843ABC3

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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 LEVEL UP HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Help





September 20, 2024

FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: LEVEL UP HOLDINGS, LLC

REF: W24000132760

We have received your document for LEVEL UP HOLDINGS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The reference number of the conflicting registration is (L24000330012),

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Corey Pettway FAX Aud. #: E24000319584 Regulatory Specialist II Letter Number: 324A00021232

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 FOREGO. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Level Up Holdings, LI (Name of Foreign	C Limited Liability Company; must include "Limited	l Liability	Company," "L L C.," or "LLC.")			-
Level Up Holdings FL,	LLC					_
(If name usus vailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida, The a	Itemate name must include "Limited Li	ability Company,	" "L L.C." ar "	LLC.")
Delaware 2.			84-3689706 3.			
(Jurisdiction under the law of w	inder the law of which foreign limited liability company is organized; (Fig.			number, if applicable)		
4.						
	(Date first transacted business in Florida, if prior to i (See sections 605 6904 & 605 0905, F.S. to determine	registration ne penalty i) ability)			
8200 113th Street, Suite 103			3200 113th Street, Suite 103			
5. (Street Address of Principal Office) (Mailing Address)						-
Seminole, FL 33772		Seminole, FL 33772				
		-		<u>:</u> ·	2024	-
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	cceptable)	:	07 07 07 07	
Name:	CPA Partners, LLC			•		6 d 3
Office Address:	8200 113th Street Suite 103			;	: 17	
	Seminole		33772 , Florida			
	(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.

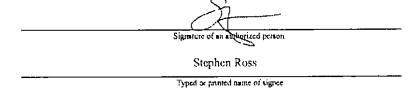
(Registered agout Admature)

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: Stephen Ross	□Manager	Name:	
□Member	Address: 8200 113th Street	□Member	Address:	
Authorized	Suite 103			
Person	Seminole, FL 33772	Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	•	□Authorized		
Person		Person		
[]Other	Other	□ Other		□Other
□Manager	Name:	□Manager	Name:	
□Meniber	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 s.817.155, F.S.





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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEVEL UP HOLDINGS, 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEVEL UP HOLDINGS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2019.

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

Authentication: 204419877

Date: 09-18-24