

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**M24000012492**

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(shown below) on the top and bottom of all pages of the document.**

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Doing so will generate another cover sheet.**

To:

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

From:

Account Name : NEVADA CORPORATE HEADQUARTERS, INC  
Account Number : I20240000024  
Phone : (800)508-1726  
Fax Number : (702)514-6187

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

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

RECEIVED  
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2024 SEP 26 PM 6:43  
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**Foreign Limited Liability Company**

**555 PROPERTY GROUP, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

H24000328118 3

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 555 PROPERTY GROUP, 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:

ITACHIBANA

Name of Person

NCH Registered Agent

**Firm/Company**

1450 VASSAR STREET

### Address

RENO, NV 89502

City/State and Zip Code

RENEWALS@NCHINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NCH Registered Agent at ( 800 ) 508-1726  
Name of Contact Person Area Code Daytime Telephone Number

<b><u>Mailing Address:</u></b> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<b><u>Street Address:</u></b> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE.

\$125.00 Filing Fee       \$130.00 Filing Fee & Certificate of Status       \$155.00 Filing Fee & Certified Copy       \$160.00 Filing Fee, Certificate of Status & Certified Copy

H24000328118 3

**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. 555 PROPERTY GROUP, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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 Liability Company," "LLC," or "L.L.C.")

2. WYOMING

(State/territory in 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 605.0901 & 605.0905, F.S. to determine penalty liability.)

5. 5164 BEACH DR SE

(Street Address of Principal Office)

6. 5164 BEACH DR SE

(Mailing Address)

APT C

APT C

ST. PETERSON, FL 33705

ST. PETERSON, FL 33705

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

Name: NCH Registered Agent

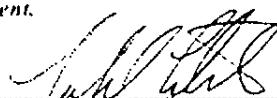
Office Address: 390 North Orange Ave., Ste.2300-N

Orlando \_\_\_\_\_, Florida 32801-1684  
(City) \_\_\_\_\_ (Zip code)

7/29/2024  
S-2024  
P-6  
C-5  
E-5  
G-5

**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)

H24000328118 3

H24000328118 3

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 checked="" type="checkbox"/> Manager	Name: <u>SEAN MURPHY</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>5164 BEACH DR SE</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>APT C</u> <u>ST. PETERSON, FL 33705</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Sean Murphy

Signature of an authorized person

SEAN MURPHY

Typed or printed name of signer

H24000328118 3

**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,

**555 PROPERTY GROUP, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **August 8, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001503337**.

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 26th day of September, 2024 at 1:50 PM. This certificate is assigned ID Number 076658834.



A handwritten signature of Chuck Gray in black ink, appearing to read "Chuck Gray".

Secretary of State