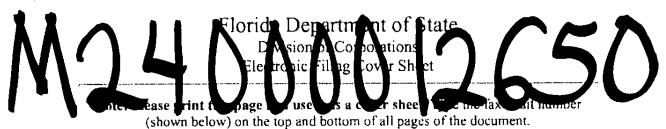
10/3/24, 3:19 PM

To:

Division of Corporations



(((H24000335156 3)))



H240003351563ABCS

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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (614)573-3996 Fax Number

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

Email Address: WEW0006@GMAIL.COM

Foreign Limited Liability Company **ENDLESS SUMMER HOLDINGS LLC**

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

M. SOLOMON OCT - 4 2024

Electronic Filing Menu Corporate Filing Menu

Help

From: James Tanks

To:

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

2024-10-03 13:24:20 CST

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES THE POLLOWING IS SUBMITTED TO REGISTER A FORESCEN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF PLORIDA: 1. Endless Summer Holdings, LLC (Name of Furnign Limited Liability Company, must include "Limited Liability Company," "LLC.," or "LLC.") Endless Summer Holdings of Alabama LLC (If name unavailable, order alternate name adopted the the purpose of transacting business in Fluenta. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") (Aurestiction under the law of which foreign limited liability company is organized) (Street Address of Principal Office) (Mailing Address) 5185 AL Hwy 51 5185 AL Hwy 51 Opelika, Alabama, 36804 Opelika, Alabama, 36804 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation . Florida . 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. T Comoration System

(Registered agest's signature)

Eric Jensen-Asst. Secretary

From: James Tanks

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 Cauacity: Manager Member Authorized	Name and Address: Debra Whatley Name! 5185 AL Hwy 51 Opelika, Alabama, 36804	Title or Canacity: Manager Member Authorized	Address:	Name and Address:
Person Other	Other	Person Other		□Other
□ Manager	Namo:	∐Manager	Name:	
□Member	Address:	□Member	Address:	
□Anthorized		□Authorized		
Person		Person		<u> </u>
□ Other	Other	CiOther		100mm 00 1100mm 1-3
□Manager	Name:	□Manager	Name:	SS TO TO
□Member	Address:	□Member	Address:	m _{co} 🗀 🚰
□Authorized		□Authorized		<u>' </u>
Person		Person		
[]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.

Actes Whatten				
Signature of an authorized person				
Debra Whatley				
lamed or printed name of streets				

Wes Allen Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Endless Summer Holdings, LLC was formed in Lee County on June 26, 2008. The Alabama Entity Identification number for this entity is 000-421-839. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20241003000003162

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

10/03/2024

Date

Wes Allen

Secretary of State