Division of Corporations

Fax: 8134365206

# Florida Department of State Division of Corpor ties

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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Émail Address:

### Foreign Limited Liability Company Deep House LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limite	d Liability (	Company, "M. I. C., " or "ELC.")	
ame unavailable, enter alternate i	name adopted for the purpose of transacting business in E	lerada. The alt	emate name must include "Uninted Liab	ulisy Company," "L.I. C," o
Vyoming		3	33-1325662	
thirtsdiction under the law of w	hich foreign limited liability company is organized)	-`' -	(FEI number	, il applicable)
	(Date first transacted business in Florida, it prior to (See sections 605-0904-2) 605-0905, 1-8-10 determ	registration ) me penalty in	(bility)	
30 N Gould St Ste N		6.	0 N Gould St. Ste N	
(Address of Principal Office)		–	(Mailing Address)	
·				
Sheridan WY 82801	<del></del>	5	heridan WY 82801	<del></del>
Sheridan WY 82801	S of Florida registered agent: (P.O. Box Northwest Registered Agent ELC	_		2924 001
Sheridan WY 82801  Name and <u>street addres</u>		_		2924 OST -8 /
Sheridan WY 82801  Name and street address  Name:	Northwest Registered Agent LLC 7901 4th St N STE 300	NOT ac		2924 OST -8 1/1 1: 04

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.

1/4- N-		
	(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:
□Manager	Name:	□Manager	Santana Iglesias Name:
<b>X</b> Member	Address:	iXMember	Address:
□Authorized	7901 4th St N STE 300	□Authorized	7901 4th St N STE 300
Person	St. Petersburg Ft, 33702	Person	St. Petersburg FL 33702
□Other		□Other	□Other
∐Manager	Name: Paul Estevez	□ Manager	Name:
<b>X</b> Member	Address:	□Member	Address:/
∏Authorized	7901 4th St N STE 300	□ Amborized	
Person	St. Petersburg FL 33702	Person	
□Other	□Other	□Other	□Other
∐Manager	Name:	∐Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
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. 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.

Signature of an authorized person

Nat Smith

Eyped or printed name of squire

# 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.

#### Deep House LLC

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **October 3**, **2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001532570**.

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 October, 2024 at 3:33 PM. This certificate is assigned ID Number 076945833.



Secretary of State

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.