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(((H240003600713)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:	
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## Foreign Limited Liability Company Ubique Nature, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

10/29/2024 08:31:45,PDT To: 18506176383 Page: 2/4 Fax: 8134365206

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

IN COMPILANCE 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:

TX Dursdiction under the law of which foreign limited liability company is organized)  (Date first transacted business in Florida, if prior to registration ) (See sections 605 0004 & 605 0005, F.S. to determine penalty liability)  7901 4th St N STE 300 Street Address of Principal Office)  St. Petersburg, FL 33702  St. Petersburg, FL 33702  Registered Agents Inc  Registered Agents Inc  Registered Agents Inc	L.C." or "LLC
(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, E.S. to determine penalty liability)  7901 4th St N STE 300 (Mailing Address)  St. Petersburg, FL 33702  St. Petersburg, FL 33702  Name and street address of Florida registered agent: (P.O. Box. NOT acceptable)  Registered Agents Inc.	
(Date flist transacted bisiness in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, E.S. to determine penalty liability.)  7901 4th St N STE 300  meet Address of Principal Office.)  St. Petersburg, FL 33702  St. Petersburg, FL 33702  Name and street address of Florida registered agent: (P.O. Box. NOT acceptable.)  Registered Agents Inc.	
7901 4th St N STE 300  Text Address of Principal Office)  St. Petersburg, FL 33702  St. Petersburg, FL 33702  Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)  Registered Agents Inc.	
7901 4th St N STE 300  St. Petersburg, FL 33702  Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)  Registered Agents Inc.	
St. Petersburg, FL 33702  St. Petersburg, FL 33702  St. Petersburg, FL 33702  Name and street address of Florida registered agent: (P.O. Box. NOT acceptable)  Registered Agents Inc.	
St. Petersburg, FL 33702  St. Petersburg, FL 33702  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Registered Agents Inc.	
Name and <u>street address</u> of Florida registered agent: (P.O. Box. <u>NOT</u> acceptable)  Registered Agents Inc.	
Name and <u>street address</u> of Florida registered agent: (P.O. Box. <u>NOT</u> acceptable)  Registered Agents Inc.	
Name: Registered Agents inc	2011001129
	29
Office Address: 7901 4th St N STE 300	
St. Petersburg, Florida 33702	: 40
(City) (Zip code)	

(Registered agent's signature)

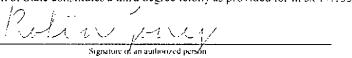
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8. For mitial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: Malloy, Kimberly	□Manager	Name:	
i≱Member	Address: 7901 4th St N STE 300	ШМеmber	Address:	
□Authorized	St. Petersburg FL 33702	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other	<del></del>	□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.



Complete America

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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

## Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Ubique Nature LLC (file number 804789417), a Domestic Limited Liability Company (LLC), was filed in this office on October 29, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 21, 2024.



Jone Melion

Jane Nelson Secretary of State

Dial, 7-1-1 for Relay Services Document: 1415449110003