Fax: 8134365206 To: 18506176383 Page: 1/4

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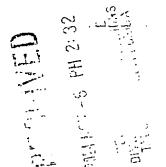
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 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.

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Foreign Limited Liability Company A SQUARED PLANNING LLC

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

11/6/2024 08:92:39 PST · To. 18506176383 Page: 2/4 Fex: 8134365206

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

(Name of Foreign	Limited Liability Company; must include "Limite	d Ciabili	Company," "L.L.C.," or "LLC.")				
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. Ebe	alternate name must include "Limited Liability Cor	mpany," "L.L.C," or "LLC.")			
New York			3, 99-468343B				
(Jurisdiction under the law of which foreign limited hability company is organized)		(El numbér, il applicable)					
4.							
	(See sections 605 (1994 & 605 0905, F.S. to determ	registration one penalty	i) labihiy)				
418 Broadway STE N			418 Broadway STE N				
(Sireer Address of Unincipal Office)		٧.	(Mailing Address)				
Albany NY 12207			Albany NY 12207				

7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT:	icceptable)	201			
				2024 RU .			
Name:	Northwest Registered Agent LLC			1			
	7901 4th St N STE 300			0			
Office Address:	7,552 741 01 17 0 12 000			79			
	St. Petersburg		, Florida 33702	4: 5			
	(City)	_	(Zip ecde)	0			

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.

74-M-		
	(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: Borngraber, Aaron	□Manager	Name:	
X (Member	Address: 7901 4th St N STE 300	□Member	Address:	
□Authorized	St. Petersburg FL 33702	□Authorized		
Person		Person		
□Other	Other	Other		Other
□Manager	Name:	□Munager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other	<u> </u>	Other
l⊥Manager	Name:	UManager	Name:	
□Member	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.

NW.	GMAATV		
		Signature of an authorized person	
Nat Smith			
		Exped or printed name of signee	

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a difigent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

A SQUARED PLANNING LLC Entity Name:

DOS ID Number: 7403631

DOMESTIC LIMITED LIABILITY COMPANY Entity Type:

EXISTING Entity Status: Date of Initial Filing with DOS: 08/22/2024

Statement Status: CURRENT 08/31/2026 Statement Due Date:

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on November 05, 2024 at 03:02 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C. Heylson

BRENDAN C. HUGHES Executive Deputy Secretary of State

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