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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : 2D CONSULTING ENTERPRISE LLC

Account Number : I20220000099 Phone : (904)382-0889 Fax Number : (321)296-7174

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

Email Address:_

Foreign Limited Liability Company **E&Y VACATIONS HOME LLC**

Certificate of Status	1
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Estimated Charge	\$130.00

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COVER LETTER

то:	Registration Section Division of Corporations			
SUBJE	E&Y VACATIONS HOME LLC			
00301		ame of Limited Liability Company		
The end Existen	losed "Application by Foreign Limited Liabili- ce, and check are submitted to register the above	ty Company for Authorization to Transact Business in Florida," Certificate of ve referenced foreign limited liability company to transact business in Florida.		
Please r	eturn all correspondence concerning this matte	er to the following:		
	FLOR LOZANO DUGGER			
		Name of Person		
	2D CONSULTING ENTERPRISE	LLC		
Firm/Company				
2750 YALOR AVE DOSO SUITES A-50				
Address				
	ORLANDO, FLORIDA 32806			
		City/State and Zip Code		
	2DCONSULTINGENTERPRISE@C	BMAIL.COM		
	E-mail address: (to	be used for future annual report notification)		
For furt	her information concerning this matter, please	call:		
	FLOR LOZANO DUGGER	904 382-0889 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D \$125.00 Filing Fee \$130.00 Filing Certificat	EPARTMENT OF STATE		

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 RECEISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Florids. T	pe allerment tarme mansi motoree "Timmied Fish	intry Company," "LLC, or "L
ASSACHUSETTS		99-4861401 1	
(Amisdiction under the law of	rhich foreign limited liability company is organized)	(FEI number	, if applicable)
11/10/2024			
	(Date first transacted business in Florida, if prior to registrat (See sections 505,0904 & 605,0905, F.S. to determine pens	ion.)	
1361 Tuscan Terrace		4 PIERCE ST	
n Address of Principal Office)		(Mailing Address)	
Davenport, FL 33896		PEPPERELL, MA 01463	
			202
			2024 NOV
ame and street addre	ss of Florida registered agent: (P.O. Box NOT	Cacceptable)	
	WANTINA D.CALUEZ OUDETANILLA		22.1
Name:	YANEIRA D GALVEZ QUINTANILLA		mg s
	1361 TUSCAN TER UNIT 7207		필요 -
Office Address:			
	DAVENPORT	33896	•
	(City)	Florida	

(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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: YANEIRA GALVEZ Quintanilla ERNESTO GALVEZ Contreras Manager ... Manager 4 PIERCE ST **4 PIERCE ST** Address: □Member Address: _ PEPPERELL, MA 01463 PEPPERELL, MA 01463 □ Authorized □ Authorized Person Person Other__ □Other_____ □Other_____ □Other_ Name: _____ Name: _____ □Manager ☐ Member Address: □Member Address: ☐ Authorized □ Authorized Person Person Other___ Other____ □Other □Other____ Name: Name: □ Manager □Manager Address: □Member Address: ☐ Member □ Authorized ☐ Authorized

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.

Person

Other____

□Other____

- 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.

Gansina D Galvez Quintanilla
Signerire of an extherized person

YANEIRA D GALVEZ QUINTANILLA

Other____

Person

Other



The Commonwealth of Massachusetts Secretary of the Commonwealth State Rouse, Boston, Massachusetts 02188

October 29, 2024

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

E & Y VACATIONS HOME LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on September 10, 2024.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: YANEIRA D GALVEZ, ERNESTO GALVEZ

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: YANEIRA D GALVEZ, ERNESTO GALVEZ, YANEIRA D ALVEZ

The names of all persons authorized to act with respect to real property listed in the most recent filing are: YANEIRA D GALVEZ, ERNESTO GALVEZ



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

ellian Francis Galecin