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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	-
Certified Copies	Certificates of Status	_
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

Savii UBJECT:	nacious, LLC	
	Name	e of Limited Liability Company
he enclosed "Appxistence, and che	olication by Foreign Limited Liability ock are submitted to register the above	Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Florida.
ease return all co	orrespondence concerning this matter to	o the following:
	Joseph Scott Niolet	
		Name of Person
	Savinacious, LLC	
		Firm/Company
	920 Bent Tree Circle	. ,
,	920 Belli Tree Circle	Address
		Address
	Pass Christian, MS 39571	
•	C	City/State and Zip Code
ni	olets@bellsouth.net	
_	E-mail address: (to be	e used for future annual report notification)
or further inform	ation concerning this matter, please ca	II:
Joseph S	cott Niolet	228 304-1505
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing .	Address:	Street Address:
_	ation Section	Registration Section
Division of Corporations		Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
i anana	88CC. 1 IL 32314	Tallahassee, FL 32303
Enclosed	is a check for the following amount:	
Please m	ake check payable to: FLORIDA DEI	
□ \$1253	00 Filing Fee 💢 🗆 \$130.00 Filing Fe	ee & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificat

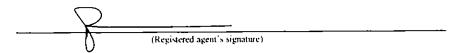
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Savinacious, LLC (Name of Foreign	Limited Liability Company; must include "Lin	mited Liability Company,"	"L.L.C.," or "LLC.")		
f name unavailable, enter alternate n	ame adopted for the purpose of transacting business	in Florida. The alternate name	must include "Limited L	liability Company," "L.1. C	C," or "LLC"
Mississippi		N/A 3.			
Qurisdiction under the law of which foreign limited liability company is organize		. J	(FEI number, if applicable)		
N/A					
	(Date first transacted business in Florida, if pri-	or to registration 1	<u> </u>		
	(See sections 605,0904 & 605 0905, F.S. to de	termine penalty liability)			
920 Bent Tree Circle		920 Bent 6.	Tree Circle		
Street Address of Principal Office)		O(Maili	ng Address)		
Pass Christian, MS 395	71	Pass Chri	stian, MS 39571		
					
		-			
7. Name and street addres	s of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	Sp 20	
_				24 N	_
	Joseph Scott Niolet			2024 NOV 18 SECRETARN TALLAHA	77
Name:					2350
	705 Scenic Highway, Suite 91			第号 子	m
Office Address:				ြို့ မှ	
	Pensacola	t	32503 Torida	ATE	
	(Cny)	, r	(Zip code)		

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.



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	Name:
Member	Address:	.Member	Address: 4021 Avenue M
Authorized	Pass Christian, MS 39571	Authorized	Galveston, TX 77550
Person	<u> </u>	Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other

<u>Important Notice</u>: 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.

\bigcirc		
	Signature of an authorized person	
Joseph Scott Niolet		
	Typed or printed name of sames	



Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

SAVINACIOUS, LLC

Registered the 8th day of April, 2024

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

920 Bent Tree Circle Pass Christian, MS 39571

And that the registered agent at that address is:

Joseph S Niolet

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 18th day of November, 2024

Michael Watson

Certificate Number: CN24200902

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx