From: Melenie Iberra

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000387913 3)))



H240003879133ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name ; LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

Fmail	Address:			
アルロナイ	MUUI COO.			



Foreign Limited Liability Company BUBENIK ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

Registration Section

Ta: .

TO:

COVER LETTER

DIV	ision of Corporations				
вјест:	BUBENIK ENTERPRISES, LLC				
	Name of Limited Liability Company				
enclosed dence, an	"Application by Foreign Limited Liability d check are submitted to register the above	Company reference	y for Authoriz ed foreign lim	tation to Transact Business in Florida," Certifica ited liability company to transact business in Flo	
se return	all correspondence concerning this matter i	to the foli	owing:		
Mike Town					
	Name of Person				
Legalzoom com, Inc. Firm/Company 9900 Spectrum Dr Address Austin, TX 78717					
City/State and Zip Code					
	jake.bubenik@equitable.com				
	E-mail address: (to be		future annual	report notification)	
urther inf	ormation concerning this matter, please cal	l:			
Mike	: Town	nt	800	773-0888	
	Name of Contact Person		Area Code	Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301	
Please	sed is a check for the following amount: e make check payable to: FLORIDA DEPA 125.00 Filing Fee S130.00 Filing F	ee &	S155.00	Filing Fee & S160,00 Filing Fee, Certified Copy	

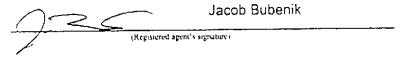
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

BUBENIK ENTERPRI				
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability Con	pany," "L.E.C., or "L.L.C.)	
tif name imavailable, enter sitemate n	ame adopted for the purpose of transacting business in Fl	orida. The alternate	name must include "Limited Liability Company," "L	.L.C," or "ULC,"
Kansas 2.			2667075 (LEI number, if applicable)	
(Jurisdiction under the law of w	thich foreign limited liability company is organized)		(I El number, il applicable)	
d		- Lucian Control		
	(Date first transacted husiness in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to deter-	ure penalty liabilit	יי	
4890 W. Kennedy Blvd, Sie 800			0 W. Kennedy Blvd, Ste 800	
5. (Street Address of	Principal Office)	o	(Nailing Address)	
Tampa, Florida 33609		Tampa, Florida 33609		
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acce _l	ptable)	20 <i>2</i> ч
Name:	Jacob Bubenik		_	20 A ON 1470Z
Office Address:	32207 Rosewood Meadow Lane			2 /11
	Wesley Chapel		33543 , Fłorida	4 : ≥
	(City)		(Zip code)	1

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	<u>.</u>	Name and Address:
Manager	Name: Incoh Bubenik	☐ Manager	Name:	
■ Member	Address: 4890 W. Kennedy Blvd. Ste 800	☐ Member		
□Authorized	Tampa, Florida 33609	☐ Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	
Member	Address:	☐ Member		
□Authorized		☐ Authorized		
Person		Person		
Other	Other	Other		Other
□Manager	Name:	Manager	Nume:	
Member	Address:	☐ Member		
Authorized		Authorized		
Person		Person		
Other	Other	Other	<u> </u>	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

2	
	grange of an authorized person
Jacob Bubenik	
	Typest or print when the sure of

STATE OF KANSAS OFFICE OF SECRETARY OF STATE

CERTIFICATE OF GOOD STANDING

1, SCOTT SCHWAB, Kansas Secretary of State, certify that the records of this office reveal the following:

Business ID: 7837057

Business Name: BUBENIK ENTERPRISES, LLC

Type: Domestic Limited Liability Company

Jurisdiction: Kansas

was filed in this office on December 23, 2014, and is in good standing, having fully complied with all requirements of this office.

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



In testimony whereof: I affix my official certification seal Done at the City of Topeka, on this day November 21, 2024.

SCOTT SCHWAB KANSAS SECRETARY OF STATE

Certification Number: 843613-20241121 To verify the validity of this certificate please visit https://www.sos.ks.gov/eforms/BusinessEntity/CertifiedValidationSearch.aspx and enter certificate number.