12/9/24, 8:35 AM

Division of Corporations

Florida Department of §

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(((H24000404114 3)))



H240004041143ABCU

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ANDERSON BUSINESS ADVISORS

Account Number : I20230000109 Phone : (800)706-4741 Fax Number : (702)664-0545

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

Email Address:

ra@andersonadvisors.com

Foreign Limited Liability Company Aeterno, LLC

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12/09/2024 5:41 AM

COVER LETTER

TO:		ation Section 1 of Corporations	
SUBJE		erno, LLC	
Ç.(7,D)	···	Name of Limited Liability Company	
		oplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificat seck are submitted to register the above referenced foreign limited liability company to transact business in Flo	
Please re	eturn all c	correspondence concerning this matter to the following:	
		Zoc Doyle	
		Name of Person	
		Firm/Company	
	3225 McLeod Dr. Suite 100		
		Address	
		Las Vegas, NV 89121	
		City/State and Zip Code	
	ī	a@andersonadvisors.com	
	_	E-mail address: (to be used for future annual report notification)	
For furtl	her inform	nation concerning this matter, please call:	
	Zoe Doy	yle 800 706-4741	
		Name of Contact Person Area Code Daytime Telephone Number	
	Registr Divisio P.O. Bo	Address: ation Section Registration Section Division of Corporations Ox 6327 The Centre of Tallahassee assee, FL 32314 Tallahassee, FL 32303	
	Please m	d is a check for the following amount: nake check payable to: FLORIDA DEPARTMENT OF STATE .00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy	

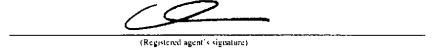
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05.000, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavadable, enter alternate e	ame adopted for the purpose of transacting business in F	lorida. The alternate	name must include "Limited List	bility Company," "L.L.C," or "	LLC.
Wyoming		3.			
(Jurisdiction under the law of w	high foreign limited liability company is organized)		(FIII number	r, if applicable)	•
12/09/2024					
	(Date first transacted business in Florida, if prior to (See sections 605.0994 & 605.0905, F.S. to determ	registration) and penalty liability)			
1718 Capitol Ave.		1718 Capitol Ave.			
eet Address of Principal Office)		0	Mailing Address)		-
Cheyenne, WY 82001		Cheye	enne, WY 82001		_
X	- CM- it in- I (P.O. D.)	NOT		2024 DEC	-
Name and street address	s of Florida registered agent: (P.O. Bo)	i <u>NOT</u> accepti	ioie)	OEC .	- -1
Name:	Anderson Registered Agents, Inc.		_	9-9	G371:
Office Address:	625 E. Twiggs Street, Suite 110		-	AM 9: 3	
	Tampa		33602 , Florida		
	(City)		(Zin 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.



Page: 4 of 5

From: Zoe Doyle ((H24000404114 3)))

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 Capacit	<u>V:</u>	Name and Address:
■Manager	Name: Stephen Pack	□Manager	Name:	
□Member	Address: 1718 Capitol Ave.	□Member	Address:	
□Authorized	Cheyenne, WY 82001	□Authorized		
Person		Person		
□Other	Other	□Other		ElOther
□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

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.

Zuene	xle
	signature of an authorized person
Zoe Doyle	

Typed or printed name of signee

To:

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Aeterno, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 18, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001255680**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of December, 2024 at 6:26 AM. This certificate is assigned ID Number 078859438.



Secretary of State