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COVER LETTER

TO:	Registration Section Division of Corporations				
ena ie	IGB FLORIDA LLC				
, () (36) E.		ne of Limited Liability Company			
The enc Existen	closed "Application by Foreign Limited Liability ce, and check are submitted to register the above	Company for Authorization to Transact Business in Florida." Certificate referenced foreign limited liability company to transact business in Flori			
lease r	return all correspondence concerning this matter	to the following:			
	Anthony West				
		Name of Person			
	IGB FLORIDA LLC				
	Firm/Company				
	5944 Coral Ridge Dr. Stc. 193				
	Address				
	Coral Springs, FL 33076				
		City/State and Zip Code			
	info@eatigb.com				
	E-mail address: (to b	pe used for future annual report notification)			
For furt	ther information concerning this matter, please ca	alt:			
Anthony West		312 731-5964			
	Name of Contact Person	at ()			
Mailing Address:		Street Address:			
Registration Section Division of Corporations P.O. Box 6327		Registration Section Division of Corporations			
		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 DE ■ \$125.00 Filing Fee □ \$130.00 Filing Fee Certificate	ee & 🔲 \$155.00 Filing Fee & 📋 \$160.00 Filing Fee, Certificate			

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

IN COMPLEANCE WITH SECTION 605 6902, FLORIDA STATUTEN THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE SEATE OF FLORIDA:

L IGB FLORIDA LLC				
(Name of Foreign	Limited Liability Company, must include "Limited	Liability Company," "1. L.C.," or "1	.I.C ")	
(II name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Li	mited Liability Company," "L. L. C," or "T i C ")	
Delaware 2.		93-2838625 3.		
(Jurisdiction under the law of which foreign limited liability company is organized		(FEI number, if applicable)		
None 4.				
	(Date first transacted business in Florida, if prior to re (See sections 605 0804 & 605 0805, F.S. to determin	egistration) e penalty liability i		
5944 Coral Ridge Dr. Ste 193 treet Address of Principal Officer		5944 Coral Ridge Dr.	Ste 193	
(Street Address of Principal Office)		(Mailing Address)		
Coral Springs, F1, 33076		Coral Springs, F1, 33076		
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2024 MOV	
Name:	ANTHONY WEST		10V 13	
Office Address:	5944 Coral Ridge Dr. Ste 193		H 1 H 1 H 1 H 1 H 1 H 1 H 1 H 1 H 1 H 1	
	Coral Springs	3307 <i>6</i> , Florida	FINE 147	
	(City)	qXip	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.

(Registered agent's signature)

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IGB FLORIDA LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IGB FLORIDA LLC"

WAS FORMED ON THE EIGHTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

The state of the s

Authentication: 204904694

Date: 11-18-24