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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

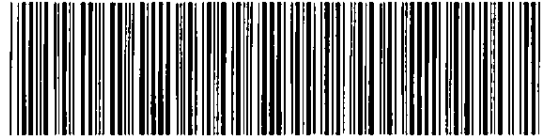
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NOV 12 2024

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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November 3, 2024

**Florida Department of State
Division of Corporations**

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314 2415

Registration Section
Division of Corporations
The Centre of Tallahassee
N. Monroe Street, Suite 810
Tallahassee, FL 32303

To Whom it May Concern,

NOLA Magnolia, LLC, a Wyoming Limited Liability Company, is submitting application to be recognized as a Limited Liability Company by the State of Florida to transact and do business within the State of Florida. Please see enclosed the Florida Registration Application, Certificate of Good Standing with State of Wyoming Office of the Secretary of State, and Articles of Organization, for NOLA Magnolia, LLC. Enclosed there is also a \$130.00 check made payable to the Florida Department of State to cover costs for (a) \$100.00 Filing Fee for Application, (b) \$25.00 Designation of Registered Agent, and (c) \$5.00 Certificate of Status.

Should any questions arise of the validity or completeness of this application and supporting documentation, please direct all correspondence to the following:

Devin Stubbs, Manager of NOLA Magnolia, LLC
Email: dstubbsrealestate@gmail.com
Phone: 813-786-3049
Address: 108 Paradise Harbour Blvd
Apt 314
North Palm Beach, FL 33408

Best Regards,



Devin Stubbs
Manager
NOLA Magnolia, LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NOLA Magnolia, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Devin Stubbs

Name of Person

NOLA Magnolia, LLC

Firm/Company

108 Paradise Harbour Blvd, Apt 314

Address

North Palm Beach, FL 33408

City/State and Zip Code

dstubbsrealestate@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Devin Stubbs

813

786-3049

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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 REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NOLA Magnolia, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. November 12, 2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 30 N Gould Street
(Street Address of Principal Office)

6. 15 1st Ave NE
(Mailing Address)

Ste N
Lutz, FL 33549

Sheridan, WY 82801

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

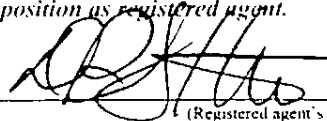
Name: Devin Stubbs

Office Address: 108 Paradise Harbour Blvd, Apt 314

North Palm Beach, Florida 33408
(City) (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.


(Registered agent's signature)

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TALLAHASSEE FLORIDA

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]:

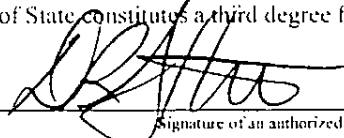
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Devin Stubbs	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 108 Paradise Harbour Blvd	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Apt 314	<input type="checkbox"/> Authorized	_____
Person	North Palm Beach, FL 33408	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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TALLAHASSEE, FLORIDA

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.

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.



Signature of an authorized person

Devin R Stubbs

Typed or printed name of signer

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,

NOLA Magnolia, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 6, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001294923**.

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 1st day of November, 2024 at 10:25 AM. This certificate is assigned ID Number 077765125.



Chuck Gray

Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA