

M24 000015600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

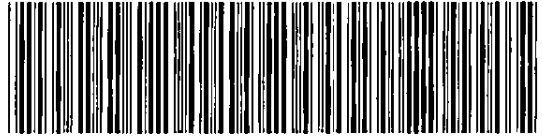
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



800439613198

FILED

2024 DEC 12 PM 4:29

SECRETARY OF STATE  
MAIL ROOM

RECEIVED

2024 DEC 12 PM 4:28

SECRETARY OF STATE  
MAIL ROOM

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account 120210000160: \$ 130.00

Authorization Signature [Signature]

Lighthouse Development Partners LLC

Business

#Document

Walk in

Will wait

☐ Certified Copies of the Articles of Incorporation

☒ Certificate of Status

#### NEW FILINGS

☐ Profit  
☐ Not for Profit  
☒ LLC  
☐ Domestication  
☐ INC  
☐ CORP  
☐ OTHER

#### AMENDMENTS

☐ Amendment  
☐ Resignation of R.A.  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Conversion  
☐ Statement of Authority  
☐ Merger  
☐ Amended and Restated Articles

#### OTHER FILINGS

☐ Annual Report  
☐ Fictitious Name  
☐ Statement of Authority  
☐ APOSTIL                       
COUNTRY

#### REGISTRATION/QUALIFICATIONS

☒ Foreign Filing  
☐ Partnership  
☐ Reinstatement  
☐ CORRECTION for a LLC  
☐ Domestication of a Foreign Corp.  
                     Other

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account 120210000160: \$130.-

Authorization Signature *Deborah*

Lighthouse Development Partners LLC

Business

#Document

Walk in

\_\_\_\_ Will wait

\_\_\_\_ Certified Copies of the Articles of Incorporation

\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_ Profit  
\_\_\_\_ Not for Profit  
☒ LLC  
\_\_\_\_ Domestication  
\_\_\_\_ INC  
\_\_\_\_ CORP  
\_\_\_\_ OTHER

**AMENDMENTS**

\_\_\_\_ Amendment  
\_\_\_\_ Resignation of R.A.  
\_\_\_\_ Change of Registered Agent  
\_\_\_\_ Dissolution/Withdrawal  
\_\_\_\_ Conversion  
\_\_\_\_ Statement of Authority  
\_\_\_\_ Merger  
\_\_\_\_ Amended and Restated Articles

**OTHER FILINGS**

\_\_\_\_ Annual Report  
\_\_\_\_ Fictitious Name  
\_\_\_\_ Statement of Authority  
\_\_\_\_ APOSTIL \_\_\_\_\_

COUNTRY

**REGISTRATION/QUALIFICATIONS**

☒ Foreign Filing  
\_\_\_\_ Partnership  
\_\_\_\_ Reinstatement  
\_\_\_\_ CORRECTION for a LLC  
\_\_\_\_ Domestication of a Foreign Corp.  
\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

Lighthouse Development Partners LLC

SUBJECT: \_\_\_\_\_  
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:

Gary Sisler Jr

\_\_\_\_\_  
Name of Person

Lighthouse Development Partners LLC

\_\_\_\_\_  
Firm/Company

360 Central Ave Suite 800

\_\_\_\_\_  
Address

St Petersburg, FL 33701

\_\_\_\_\_  
City/State and Zip Code

garysislerjr@gmail.com

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

For further information concerning this matter, please call:

Gary Sisler Jr	336	4133410
_____	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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Lighthouse Development Partners 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. Delaware

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

3.

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.003(4) & 605.003(5), F.S., to determine penalty liability.)

5. 360 Central Ave

(Street Address of Principal Office)

Suite 800

St Petersburg, FL 33701

6.

360 Central Ave

(Mailing Address)

Suite 800

St Petersburg, FL 33701

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

Florida

33702

(Zip code)

CLERK OF STATE  
TALLAHASSEE, FL

2024 DEC 12 PM 4:29

FILED

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.

*Dodd Davis*

(Registered agent's signature)

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:  
☒ Manager      Name: Gary Sisler Jr  
☐ Member      Address: 360 Central Ave  
☐ Authorized      Suite 800  
                         St Petersburg, FL 33701  
☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
                         \_\_\_\_\_  
☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
                         \_\_\_\_\_  
☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:  
☒ Manager      Name: Sean C. Smith  
☐ Member      Address: 360 Central Ave  
☐ Authorized      Suite 800  
                         St Petersburg, FL 33701  
☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

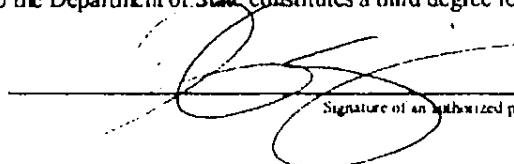
☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
                         \_\_\_\_\_  
☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
                         \_\_\_\_\_  
☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

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

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIGHTHOUSE DEVELOPMENT PARTNERS 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 NINTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIGHTHOUSE DEVELOPMENT PARTNERS LLC" WAS FORMED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2024.

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



4720552 8300

SR# 20244431865

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 205077842

Date: 12-09-24

STATE OF DELAWARE  
CERTIFICATE OF FORMATION  
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Lighthouse Development Partners LLC.
2. The Registered Office of the limited liability company in the State of Delaware is located at 611 South DuPont Highway Suite 102 (street), in the City of Dover, Zip Code 19901. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is ZenBusiness Inc..

By: /s/ gary sisler

Authorized Person

Name: gary sisler

Print or Type