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#### **COVER LETTER**

O:	Registration Section Division of Corporations			
ЈВЈЕС	VIOLET VOSS XO, LLC			
		e of Limited Liability Company		
		Company for Authorization to Transact Business in Florida." Certificat referenced foreign limited liability company to transact business in Florida.		
ase re	eturn all correspondence concerning this matter t	to the following:		
	Lisa Zarro			
		Name of Person		
	c/o Registered Agent Solutions, Inc.			
	Firm/Company			
	5301 Southwest Pkwy., Suite 400			
	Address			
	Austin, TX 78735			
		City/State and Zip Code		
	lzarro@rasi.com			
	E-mail address: (to be	e used for future annual report notification)		
r furth	ner information concerning this matter, please ca	.11:		
Lisa Zarro		888 705-7274		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		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 DEF  \$\Begin{array}{l} \begin{array}{l}	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate		

# 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: VIOLET VOSS XO, 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 "L.L.C.") Texas (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (Mailing Address) (Street Address of Principal Office) 4583 CRESTPOINT Wy 4583 CRESTPOINT Wy Palmetto, FL 34221 Palmetto, FL 34221 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 2894 Remington Green Ln., Ste. A Office Address: Tallahassee Florida 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. 是我的妈妈是是 Samantha Niels, Assistant Secretary (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:	Title or Capacity:	Name and Address:
□Manager	Name: Hailey L. Thomas	□Manager	Name:
■Member	Address: 4583 CRESTPOINT Wy	□Member	Address:
□Authorized	Palmetto, FL 34221	□Authorized	
Person		Person	
□ Other	□Other	□Other	□Other
□Manager	Name:	□Manager	Name:
⊡Member	Address:	□Member	Address:
□ Authorized	<del></del>	□Authorized	SSE OF THE
Person		Person	
Other	Other	□Other	Offier し
⊒Manager	Name:	□Manager	Name:
⊡Member	Address:	□Member	Address:
□ Authorized		□Authorized	
Person		Person	
Other		□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

Hailey Le Thomas

Corporations Section
 P.O.Box 13697
 Austin, Texas 78711-3697



# Office of the Secretary of State

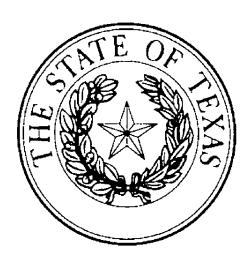
#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Violet Voss Xo, LLC (file number 803424423), a Domestic Limited Liability Company (LLC), was filed in this office on September 19, 2019.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 12, 2024.



Jane Helson

Jane Nelson Secretary of State

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