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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

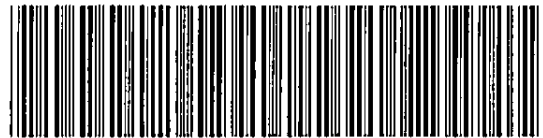
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JULIA M. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Horizontal Steps 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:

Louise Sheard
Name of Person

Horizontal Steps LLC
Firm/Company

P.O. Box 2272
Address

St. Leo, Florida 33574
City/State and Zip Code

horizontalsteps@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louise Sheard at (914) 314-7824
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. Horizontal Steps LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Nevada 3. 83-2365619
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 12801 Grand Traverse Drive 6. P.O. Box 2272
(Street Address of Principal Office) (Mailing Address)

Dade City St. Leo
Florida, 33525 Florida, 33525

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

Name: Louise Sheard

Office Address: 12801 Grand Traverse Drive
Dade City, Florida 33525
(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.

Louise Sheard
(Registered agent's signature)

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JACKSONVILLE, 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>
<input checked="" type="checkbox"/> Manager	Name: <u>Louise Sheard</u>
<input type="checkbox"/> Member	Address: <u>12801 Grand Traverse</u>
<input type="checkbox"/> Authorized	<u>Dade City, FL 33525</u>
Person	<u>/</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>/</u>
<input type="checkbox"/> Member	Address: <u>/</u>
<input type="checkbox"/> Authorized	<u>/</u>
Person	<u>/</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: <u>/</u>
<input type="checkbox"/> Member	Address: <u>/</u>
<input type="checkbox"/> Authorized	<u>/</u>
Person	<u>/</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: <u>/</u>
<input type="checkbox"/> Member	Address: <u>/</u>
<input type="checkbox"/> Authorized	<u>/</u>
Person	<u>/</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: <u>/</u>
<input type="checkbox"/> Member	Address: <u>/</u>
<input type="checkbox"/> Authorized	<u>/</u>
Person	<u>/</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: <u>/</u>
<input type="checkbox"/> Member	Address: <u>/</u>
<input type="checkbox"/> Authorized	<u>/</u>
Person	<u>/</u>
<input type="checkbox"/> Other	<input type="checkbox"/> 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.

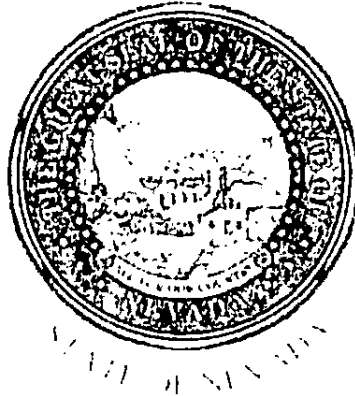
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.

Louise Sheard
Signature of an authorized person

Louise Sheard
Typed or printed name of signer

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said state, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **HORIZONTAL STEPS LLC** as a **DOMESTIC LIMITED-LIABILITY COMPANY (S6)** duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 10/29/2018, and in good standing in this State.

I further certify that the above **DOMESTIC LIMITED-LIABILITY COMPANY (S6)** has its formation or qualification document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 11/18/2024.

A handwritten signature in cursive script, reading "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B20241185195030

You may verify this certificate

online at <https://www.sos.nv.gov/>