12/17/24, 10:42 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000413990 3)))



H240804139903460%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

\*Enter the email address for this business entity to be used for future

Email Address: flomentumllc@gmail.com

annual report mailings. Enter only one email address please.\*\*

## Foreign Limited Liability Company Zephyr Real Estate L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

(((H24000413990 3)))

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

IN COMPILANCE WITH SECTION 605 0202, FLORIDA STATUTEN, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA

(Name of Foreign	Limited Liability Company, must include "Limited	Liability Company,	I, t, C , 'or "LUC")	<del>-</del>
name unavailable, enter alternate :	name adopted for the purpose of mansacing business in Flo	ondy. The alternate name i	nost include "Limited Liability Company	:""), (, C " er 1,LC ")
			, .	
Delaware		3	(Hel number it applicable)	
(Jurisdiction under the law of w	high foreign lumied liability company is organized)		(I fil number it applicable)	•
	(Date first transacted business in Hamila it arms to t	costobon V	· · ·	
	(Date first transacted business in Honda, if prior to t (See sections 695 000 LK 605 000), U.S. to determine	ne penalty bability)		
207 Xanadu Place		207 Xanad	du Place	
reet Address of Principal Office)		(Madag	Address)	
Jupiter, FL 33477		Jupiter, Fi.	. 33477	
				24 REC
		NOTE IN LINE		
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)		1
				Ž
Name:	Joseph J. Spiegel			.;
T VIII (C.				ယ
Office Address:	207 Xanadu Place			
	Jupiter	Flo	33477 orida	
	(Coy)		(Apposte)	

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.

/-	1		
<i>.</i> **	۷.		
~- <del></del>	(Registered agent's signature)	~	

## (((H24000413990 3)))

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:
<b>≡</b> Manager	Name: Joseph J. Spiegel	□Manager	Name: Prezerwatywa Alaska Trust
□Member	Address:	■Member	Address: P.O. Box \$0288
□Authorized	Jupiter, FL 33477	□Authorized	Fairbanks, AK 99708
Person		Person	
□Other	□Other	□ Other	Other
□Manager	Name:	□Manager	Name:
□Ntember	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
[]Other		□Other	□Other
□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.

	<i>L</i>	
	Signature of an authorized person	
Joseph J. Spiegel		
	Typed or printed name of signed	
	(((H24000413990 3)))	

(((H240004139903)))



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ZEPHYR REAL ESTATE L.L.C." 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 SIXTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZEPHYR REAL ESTATE L.L.C." WAS FORMED ON THE TWELFTH DAY OF DECEMBER, A.D. 2024.

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

10035577 8300 SR# 20244504796

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jettrey VI Bullock, Secretary of State

Authentication: 205143871

Date: 12-16-24